

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

### Filing at a Glance

Company: MVP Health Plan, Inc.  
 Product Name: VT Exchange 2020  
 State: VermontGMCB  
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)  
 Sub-TOI: HOrg02G.002C Any Size Group - HMO  
 Filing Type: GMCB Rate  
 Date Submitted: 05/10/2019  
 SERFF Tr Num: MVPH-131934219  
 SERFF Status: Closed-Approved  
 State Tr Num:  
 State Status:  
 Co Tr Num:  
  
 Implementation: 01/01/2020  
 Date Requested:  
 Author(s): Matt Lombardo, Eric Bachner, Christopher Pontiff  
 Reviewer(s): Thomas Crompton (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Amerin Aborjaily, Michael Barber  
  
 Disposition Date: 08/08/2019  
 Disposition Status: Approved  
 Implementation Date: 01/01/2020  
  
 State Filing Description:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## General Information

|  |   |
|--|---|
| Project Name:                            | Status of Filing in Domicile:                                     |
| Project Number:                          | Date Approved in Domicile:  |
| Requested Filing Mode: Review & Approval | Domicile Status Comments:   |
| Explanation for Combination/Other:       | Market Type: Group  |
| Submission Type: New Submission          | Group Market Size: Small  |
| Group Market Type: Employer, Other       | Explanation for Other Group Market Type: Individual               |
| Overall Rate Impact: 10.08%              | Filing Status Changed: 08/20/2019                                 |
|  | State Status Changed:   |
| Deemer Date:                             | Created By: Eric Bachner  |
| Submitted By: Eric Bachner               | Corresponding Filing Tracking Number:                             |
|  | PPACA: Non-Grandfathered Immed Mkt Reforms                        |
| PPACA Notes: null                        |   |
| Exchange Intentions:                     | Plans are proposed to be sold on the state of Vermont's exchange. |

### Filing Description:

These rates are for Small Group and Individual members purchasing coverage through the VT Exchange (or ACA-compliant plans directly from MVP) effective January 1, 2020

## Company and Contact

### Filing Contact Information

|                       |                             |
|-----------------------|-----------------------------|
| Matt Lombardo,        | mlombardo@mvphealthcare.com |
| 625 State Street      | 518-388-2483 [Phone]        |
| Schenectady, NY 12305 |                             |

### Filing Company Information

|                             |                         |                             |
|-----------------------------|-------------------------|-----------------------------|
| MVP Health Plan, Inc.       | CoCode: 95521           | State of Domicile: New York |
| 625 State Street            | Group Code: 1198        | Company Type: Health        |
| Schenectady, NY 12305       | Group Name:             | Maintenance Organization    |
| (518) 388-2469 ext. [Phone] | FEIN Number: 14-1640868 | State ID Number:            |

## Filing Fees

|                  |    |
|------------------|----|
| Fee Required?    | No |
| Retaliatory?     | No |
| Fee Explanation: |    |

State: VermontGMCB

Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

## Correspondence Summary

### Dispositions

| Status   | Created By      | Created On | Date Submitted |
|----------|-----------------|------------|----------------|
| Approved | Thomas Crompton | 08/20/2019 | 08/20/2019     |

### Objection Letters and Response Letters

#### Objection Letters

| Status           | Created By     | Created On | Date Submitted |
|------------------|----------------|------------|----------------|
| Pending Response | Jacqueline Lee | 07/24/2019 | 07/24/2019     |
| Pending Response | Jacqueline Lee | 06/20/2019 | 06/20/2019     |
| Pending Response | Jacqueline Lee | 06/20/2019 | 06/20/2019     |
| Pending Response | Jacqueline Lee | 06/03/2019 | 06/05/2019     |
| Pending Response | Jacqueline Lee | 05/16/2019 | 05/16/2019     |

#### Response Letters

| Responded By | Created On | Date Submitted |
|--------------|------------|----------------|
| Eric Bachner | 07/25/2019 | 07/25/2019     |
| Eric Bachner | 06/24/2019 | 06/24/2019     |
| Eric Bachner | 06/25/2019 | 06/25/2019     |
| Eric Bachner | 06/10/2019 | 06/10/2019     |
| Eric Bachner | 05/23/2019 | 05/23/2019     |

### Amendments

| Schedule            | Schedule Item Name                 | Created By    | Created On | Date Submitted |
|---------------------|------------------------------------|---------------|------------|----------------|
| Supporting Document | Actuarial Memorandum               | Eric Bachner  | 08/09/2019 | 08/09/2019     |
| Supporting Document | Unified Rate Review Template       | Eric Bachner  | 08/09/2019 | 08/09/2019     |
| Supporting Document | Response to Post-Hearing Questions | Matt Lombardo | 07/29/2019 | 07/29/2019     |
| Supporting Document | Response to L&E Objection #5       | Eric Bachner  | 07/25/2019 | 07/25/2019     |
| Supporting Document | Update to Non-Standard Gold 2 plan | Eric Bachner  | 07/12/2019 | 07/12/2019     |
| Supporting Document | Response to L&E Objection #3       | Eric Bachner  | 07/08/2019 | 07/08/2019     |
| Supporting Document | Actuarial Memorandum               | Eric Bachner  | 06/10/2019 | 06/10/2019     |
| Supporting Document | Response to L&E Objection #1       | Eric Bachner  | 05/30/2019 | 05/30/2019     |

**SERFF Tracking #:**

MVPH-131934219

**State Tracking #:****Company Tracking #:****State:** VermontGMCB**Filing Company:** MVP Health Plan, Inc.**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO**Product Name:** VT Exchange 2020**Project Name/Number:** /**Amendments**

| Schedule            | Schedule Item Name       | Created By   | Created On | Date Submitted |
|---------------------|--------------------------|--------------|------------|----------------|
| Supporting Document | Actuarial Memorandum     | Eric Bachner | 05/21/2019 | 05/21/2019     |
| Supporting Document | Actuarial Memorandum     | Eric Bachner | 05/13/2019 | 05/13/2019     |
| Supporting Document | Consumer Disclosure Form | Eric Bachner | 05/13/2019 | 05/13/2019     |

**Filing Notes**

| Subject                                       | Note Type        | Created By      | Created On | Date Submitted |
|---|------------------|-----------------|------------|----------------|
| Request for Confidentiality- L&E Objection #1 | Note To Reviewer | Eric Bachner    | 05/23/2019 | 05/23/2019     |
| RRS and RRD submitted on 05212019             | Reviewer Note    | Thomas Crompton | 08/20/2019 |                |
| Original RRS tab and RRD submitted on 51019   | Reviewer Note    | Thomas Crompton | 05/23/2019 |                |

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Disposition

Disposition Date: 08/08/2019  
 Implementation Date: 01/01/2020  
 Status: Approved

HHS Status: HHS Approved  
 State Review: Reviewed by Actuary

Comment: Ordered approved by the GMCB order date = 08/08/2019

| Company Name:         | Company Rate Change: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | Number of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): |
|-----------------------|----------------------|-----------------------------|------------------------|--|---|-----------------------------------|---------------------------------|---------------------------------|
| MVP Health Plan, Inc. | Increase             | 10.080%                     | 10.080%                | \$19,024,976                             | 11,696  | \$188,668,999                     | 13.600%                         | 5.700%                          |

### Percent Change Approved:

**Minimum:** 5.700%  
**Maximum:** 13.600%  
**Weighted Average:** 10.080%

| Schedule                      | Schedule Item                           | Schedule Item Status | Public Access |
|-------------------------------|---|----------------------|---------------|
| Supporting Document (revised) | Actuarial Memorandum                    |                      | No            |
| Supporting Document           | Actuarial Memorandum                    |                      | No            |
| Supporting Document           | Actuarial Memorandum                    |                      | No            |
| Supporting Document           | Actuarial Memorandum                    |                      | No            |
| Supporting Document           | Actuarial Memorandum                    |                      | No            |
| Supporting Document           | Actuarial Memorandum and Certifications |                      | No            |
| Supporting Document           | Civil Union Rating Requirements         |                      | No            |
| Supporting Document (revised) | Consumer Disclosure Form                |                      | No            |
| Supporting Document           | Consumer Disclosure Form                |                      | No            |
| Supporting Document           | Filing Compliance Certification         |                      | No            |
| Supporting Document           | Third Party Filing Authorization        |                      | No            |

**SERFF Tracking #:**

MVPH-131934219

**State Tracking #:****Company Tracking #:****State:** VermontGMCB**Filing Company:** MVP Health Plan, Inc.**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO**Product Name:** VT Exchange 2020**Project Name/Number:** /

| <b>Schedule</b>                      | <b>Schedule Item</b>               | <b>Schedule Item Status</b> | <b>Public Access</b> |
|--------------------------------------|------------------------------------|-----------------------------|----------------------|
| <b>Supporting Document (revised)</b> | Unified Rate Review Template       |                             | No                   |
| <b>Supporting Document</b>           | Unified Rate Review Template       |                             | No                   |
| <b>Supporting Document (revised)</b> | Response to L&E Objection #1       |                             | No                   |
| <b>Supporting Document</b>           | Response to L&E Objection #1       |                             | No                   |
| <b>Supporting Document</b>           | Response to L&E Objection #2       |                             | No                   |
| <b>Supporting Document</b>           | Response to L&E Objection #4       |                             | No                   |
| <b>Supporting Document (revised)</b> | Response to L&E Objection #3       |                             | No                   |
| <b>Supporting Document</b>           | Response to L&E Objection #3       |                             | No                   |
| <b>Supporting Document</b>           | Update to Non-Standard Gold 2 plan |                             | No                   |
| <b>Supporting Document (revised)</b> | Response to L&E Objection #5       |                             | No                   |
| <b>Supporting Document</b>           | Response to L&E Objection #5       |                             | No                   |
| <b>Supporting Document</b>           | Response to Post-Hearing Questions |                             | No                   |

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Objection Letter

|                         |                  |
|-------------------------|------------------|
| Objection Letter Status | Pending Response |
| Objection Letter Date   | 07/24/2019       |
| Submitted Date          | 07/24/2019       |
| Respond By Date         | 07/25/2019       |

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Dear Matt Lombardo,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee



LEWIS & ELLIS

Actuaries and Consultants

700 Central Expressway South  
Suite 550  
Allen, TX 75013

972-850-0850  
lewisellis.com

July 24, 2019

Eric Bachner  
MVP Health Insurance Company  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2020 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-131934219

Dear Mr. Bachner:

The following additional information is required for this filing.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

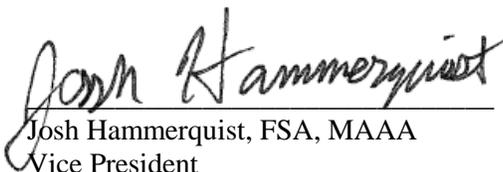
Questions:

1. Please provide quantitative support for the impact of the 2020 hospital budget requests.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than July 25, 2019.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,



Josh Hammerquist, FSA, MAAA  
Vice President  
Lewis & Ellis, Inc.  
jhammerquist@LewisEllis.com  
(972)-850-0850

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Objection Letter

|                         |                  |
|-------------------------|------------------|
| Objection Letter Status | Pending Response |
| Objection Letter Date   | 06/20/2019       |
| Submitted Date          | 06/20/2019       |
| Respond By Date         | 06/24/2019       |

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Dear Matt Lombardo,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee



June 20, 2019

Eric Bachner  
MVP Health Insurance Company  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2020 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-131934219

Dear Mr. Bachner:

The following additional information is required for this filing.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Please reconcile the values in the URRT to the exhibits provided in SERFF.
2. Provide quantitative support for the 2.1% increase due to the revision to the estimate for providing services in 2019 in the Consumer Disclosure.
3. Provide detailed quantitative and qualitative support for the unit cost trends both IP and OP for 2019 and separately for 2020 for the following:
  - a. Springfield (2020 only)
  - b. Dartmouth-Hitchcock Medical Center
  - c. New York Participating Hospitals
  - d. Rental and Non-participating Hospitals
4. Provide detailed quantitative and qualitative support for the unit cost trends physicians for 2019 and separately for 2020 for the following:
  - a. Rental Network
5. Provide, for each month from January 2015 through February 2019, total allowed costs and the number of enrolled members for all individual and small group members. Additionally, provide normalization factors appropriate to this data to normalize for changes in unit costs, population age factors, and induced utilization separately.
6. Provide quantitative support for the bad debt assumption of 0.4%.
7. Provide additional support for the 1.6% trend in Exhibit 6.
8. Provide the average unit cost medical trend separately for facilities and providers impacted by the GMCB's Hospital Budget Review and for those facilities and providers not impacted.
9. Provide the monthly historical experience for Rx claims PMPM with normalization factors applied.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 24, 2019.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,

A handwritten signature in black ink that reads "Josh Hammerquist". The signature is written in a cursive style and is positioned above a horizontal line.

Josh Hammerquist, FSA, MAAA  
Vice President  
Lewis & Ellis, Inc.  
jhammerquist@LewisEllis.com  
(972)-850-0850

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Objection Letter

|                         |                  |
|-------------------------|------------------|
| Objection Letter Status | Pending Response |
| Objection Letter Date   | 06/20/2019       |
| Submitted Date          | 06/20/2019       |
| Respond By Date         | 06/25/2019       |

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Dear Matt Lombardo,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee



June 18, 2019

Eric Bachner  
MVP Health Insurance Company  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2020 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-131934219  
Objection #2

Dear Mr. Bachner:

The following additional information is required for this filing and is being submitted on behalf of the Office of the Health Care Advocate.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Please confirm the accuracy of the below-provided table that lists proposed rates and rate components, allowed (ordered) rates and rate components, and actual rate components. If you believe the value listed is incorrect or the cell is blank, please provide the value that you believe is correct.

| <b>Year Filed</b>            |          | 2019         | 2018          | 2017          |
|------------------------------|----------|--------------|---------------|---------------|
| <b>Docket #</b>              |          | GMCB-05-19rr | GMCB-008-18rr | GMCB-007-17rr |
| <b>Members</b>               |          | 30887        | 25223         | 10305         |
| <b>Average Rate Change</b>   | Proposed | 8.5          | 10.9          | 6.7           |
|                              | Allowed  | NA           | 6.6           | 3.5           |
| <b>Allowed Medical Trend</b> | Proposed |              | 3.2           | 4.2           |
|                              | Allowed  | NA           |               | 3.9           |
|                              | Actual*  | NA           | NA            |               |
| <b>Medical Unit Cost</b>     | Proposed |              | 3.2           | 3.5           |
|                              | Allowed  | NA           |               |               |
|                              | Actual*  | NA           | NA            |               |
| <b>Medical Utilization</b>   | Proposed |              | 0             | 0.7           |
|                              | Allowed  | NA           |               |               |
|                              | Actual*  | NA           | NA            |               |
| <b>Allowed Rx Trend</b>      | Proposed | 8.2          | 13.3          | 11.9          |

|                                      |          |     |      |      |
|--------------------------------------|----------|-----|------|------|
|                                      | Allowed  | NA  |      | 11.9 |
|                                      | Actual*  | NA  | NA   |      |
| <b>General Admin Load<br/>(PMPM)</b> | Proposed | 42  | 39.8 | 38.1 |
|                                      | Allowed  | NA  |      |      |
|                                      | Actual*  | NA  | NA   |      |
| <b>CTR</b>                           | Proposed | 1.5 | 2    | 2    |
|                                      | Allowed  | NA  | 1.5  | 2    |

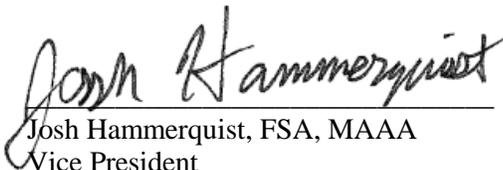
\*Actual is for the year that the rates are effective for. For instance, for the column “2017”, the actual field should be populated with the experience of 2018 (the year the rates are effective for).

2. You state that MVP has assumed “that all of the groups who left [the market] migrated to the AHP market.” GMCB-005-19rr, MVP Actuarial Mem. at 7. Please provide the quantitative and qualitative data that supports your assumption.
3. The average annual allowed Rx trend in this filing is 8.2%. GMCB-005-19rr, Actuarial Mem. at 9. You state that you chose to base this estimate on forecasts provided by MVP’s pharmacy benefits manager (PBM). You further state that the forecasts provided by MVP’s PBM “account for drugs coming off patent.” GMCB-005-19rr, Actuarial Mem. at 9. Please expand on the PBM forecasts you chose to base MVP’s Rx trend factors on. Specifically, please provide quantitative and qualitative support for the proposition that the PBM forecasts accounted for drugs coming off patent. What was the impact on Rx trend of drugs coming off patent?
4. What assumptions (if any) did you make about the impacts of the Green Mountain Surgery Center on outpatient surgery costs?

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 25, 2019.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,



Josh Hammerquist, FSA, MAAA  
Vice President  
Lewis & Ellis, Inc.  
jhammerquist@LewisEllis.com  
(972)-850-0850

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Objection Letter

|                         |                  |
|-------------------------|------------------|
| Objection Letter Status | Pending Response |
| Objection Letter Date   | 06/03/2019       |
| Submitted Date          | 06/05/2019       |
| Respond By Date         | 06/10/2019       |

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Dear Matt Lombardo,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee



June 3, 2019

Eric Bachner  
MVP Health Insurance Company  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2020 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-131934219  
Objection #2

Dear Mr. Bachner:

The following additional information is required for this filing.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Reconcile the 13.6% of CY2017 claims that were above \$100,000 with the 11.2% shown in last year's actuarial memorandum.
2. Provide quantitative and qualitative support for the total administrative expenses including a projection for individual and small group separately. Please also demonstrate the impact of the increased membership and the grandfathered small groups that will migrate to this block by 2020.
3. Provide quantitative and further qualitative support for the Rx trends in Exhibit 2a.
4. Provide quantitative and qualitative support for the leveraged Rx trend.
5. Provide quantitative support for the 1.032 trend factor applied to the claims for the deductible in Exhibit 2a.
6. Please quantify the impact of the revised risk adjustment payment based on the analysis of the combined RATEE reports.
7. Provide the quantitative analysis that was done to determine that the "grandfathered population would pay into risk adjustment at the same PMPM level as the entire block currently does."
8. Reconcile the statement above with the federal risk adjustment program impact on line 31 of Exhibit 3.
9. Provide quantitative and qualitative support for the Benefit Relativity and Induced Demand Reflected in Index Rate in Exhibit 7.
10. Provide quantitative support for the PMPM impact of State Taxes separately for the increased membership and the changes to the funding mechanism.
11. Provide quantitative support for the calculation of the ACA Health Insurer Tax.

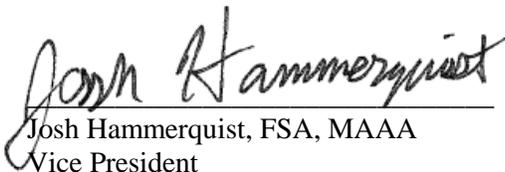
- 
12. Provide an exhibit showing the membership by plan and actuarial value for 2018, 2019 and the projection for 2020; the data should include the grandfathered members.
  13. Provide the national study performed by Wakely Consulting Group for the impact of the National High Cost Reinsurance Pool.
  14. Provide additional qualitative support for the following statement on the impact of Association Health Plans:

“MVP is assuming that the same number of members will exit the market in 2020 and that those members will have the same relative morbidity.”

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than June 10, 2019.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,



Josh Hammerquist, FSA, MAAA  
Vice President  
Lewis & Ellis, Inc.  
jhammerquist@LewisEllis.com  
(972)-850-0850

---

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Objection Letter

|                         |                  |
|-------------------------|------------------|
| Objection Letter Status | Pending Response |
| Objection Letter Date   | 05/16/2019       |
| Submitted Date          | 05/16/2019       |
| Respond By Date         | 05/23/2019       |

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Dear Matt Lombardo,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee



May 16, 2019

Eric Bachner  
MVP Health Insurance Company  
625 State Street  
Schenectady, NY 12305

Re: MVP Health Plan, Inc.  
2020 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-131934219  
Objection #1

Dear Mr. Bachner:

The following additional information is required for this filing.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Please provide detailed quantitative and qualitative support for the medical unit cost trend assumption separately for Vermont providers that are governed by the GMCB and all other providers. The support for the providers governed by the GMCB should reconcile to the most recently approved budget changes and include an explanation and support for any differences. The support for all other providers should include the data and any adjustments that were made to the data to determine the best estimate of unit cost changes.
2. Please provide detailed quantitative and qualitative analysis of the historical utilization trends, including any adjustments to the data.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than May 23, 2019.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,



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Josh Hammerquist, FSA, MAAA  
Vice President  
Lewis & Ellis, Inc.  
jhammerquist@LewisEllis.com  
(972)-850-0850

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.  
 TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
 Product Name: VT Exchange 2020  
 Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 07/25/2019  
 Submitted Date 07/25/2019

Dear Thomas Crompton,

**Introduction:**

**Response 1**

**Comments:**

Please see the attached supporting documentation which provides the non-redacted portion of MVP's response.

**Changed Items:**

| Supporting Document Schedule Item Changes |  |
|---|--|
| Satisfied - Item:                         | Response to L&E Objection #5   |
| Comments:                                 |  |
| Attachment(s):                            | VT 2020 Exchange Rate Filing_072419_SERFF.xlsx<br>VT 2020 Exchange Rate Filing_072419_SERFF.pdf<br>Rate Increase Exhibit 2019-2020_072419_SERFF.xlsx<br>Rate Increase Exhibit 2019-2020_072419_SERFF.pdf |

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Eric Bachner

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 06/24/2019  
 Submitted Date 06/24/2019

Dear Thomas Crompton,

### Introduction:

### Response 1

#### Comments:

Please see the attached which provides MVP's responses to Objection Letter #4. Additionally, MVP has deemed two responses confidential and will be providing those outside of SERFF.

### Changed Items:

| Supporting Document Schedule Item Changes |   |
|---|---|
| <b>Satisfied - Item:</b>                  | Response to L&E Objection #4  |
| <b>Comments:</b>                          |   |
| <b>Attachment(s):</b>                     | 2020 MVPHP VT Exchange URRT_Without Rounding.xlsx<br>2020 MVPHP VT Exchange URRT_Without Rounding.pdf<br>Support for L&E Objection #4_SERFF.xlsx<br>Support for L&E Objection #4_SERFF.pdf<br>Response to 2020 VT Exchange Objection #4_SERFF.pdf |

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,  
Eric Bachner

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/25/2019  
Submitted Date 06/25/2019

*Dear Thomas Crompton,*

### **Introduction:**

### **Response 1**

#### **Comments:**

*Please see the attached which provides MVP's response to Objection Letter #3.*

### **Changed Items:**

| Supporting Document Schedule Item Changes |  |
|---|--|
| <b>Satisfied - Item:</b>                  | Response to L&E Objection #3   |
| <b>Comments:</b>                          |  |
| <b>Attachment(s):</b>                     | Support for L&E Objection #3_SERFF.xlsx<br>Support for L&E Objection #3_SERFF.pdf<br>Response to 2020 VT Exchange Objection #3_SERFF.pdf |

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

### **Conclusion:**

*Sincerely,  
Eric Bachner*

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 06/10/2019  
 Submitted Date 06/10/2019

*Dear Thomas Crompton,*

**Introduction:**

**Response 1**

**Comments:**

*Please see the attached response to L&E Objection #2.*

**Changed Items:**

| Supporting Document Schedule Item Changes |  |
|---|--|
| <b>Satisfied - Item:</b>                  | Response to L&E Objection #2   |
| <b>Comments:</b>                          |  |
| <b>Attachment(s):</b>                     | Response to 2020 VT Exchange Objection #2_SERFF.pdf<br>Support for L&E Objection 2_SERFF.xlsx<br>Support for L&E Objection 2_SERFF.pdf |

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

*Sincerely,  
Eric Bachner*

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/23/2019  
Submitted Date 05/23/2019

*Dear Thomas Crompton,*

### **Introduction:**

### **Response 1**

#### **Comments:**

*MVP has requested that its response to this objection be made confidential. MVP's responses will be sent outside of SERFF to the pertinent parties.*

### **Changed Items:**

| Supporting Document Schedule Item Changes |  |
|---|--|
| <b>Satisfied - Item:</b>                  | Response to L&E Objection #1                           |
| <b>Comments:</b>                          |  |
| <b>Attachment(s):</b>                     | Response to 2020 VT Exchange Objection #1_REDACTED.pdf |

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

### **Conclusion:**

*Sincerely,*

*Eric Bachner*

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

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**State:** VermontGMCB

**Filing Company:** MVP Health Plan, Inc.

**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

**Product Name:** VT Exchange 2020

**Project Name/Number:** /

## Amendment Letter

Submitted Date: 08/09/2019

### Comments:

Please see the attached documents which provide MVP's updated rate filing reflecting the GMCB Decision & Order. Also attached are the rate increase exhibit showing the 10.1% average increase and federal templates (URRT and Rates) reflecting the Board's decision.

### Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

### Supporting Document Schedule Item Changes

|                          |   |
|--------------------------|---|
| <b>Satisfied - Item:</b> | Actuarial Memorandum  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | <p>           2020 Actuarial Memorandum Vermont Exchange.pdf<br/>           Actuarial Memo Dataset (2020 issues)_SERFF.xlsx<br/>           Actuarial Memo Dataset (2020 issues)_SERFF.pdf<br/>           Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf<br/>           MVPH-131934219 Amendment 052119.pdf<br/>           Federal AVC Actuarial Certification for Non-standard Plans - 2020_061019.pdf<br/>           Final-Silver 2 HDHP CSR 73.pdf<br/>           Non-Standard AVC Screenshots VT 2020 Exchange.pdf<br/>           Rate Increase Exhibit 2019-2020_v4 GMCB DECISION_SERFF.xlsx<br/>           Rate Increase Exhibit 2019-2020_v4 GMCB DECISION_SERFF.pdf<br/>           VT 2020 Exchange Rate Filing_v4 GMCB DECISION_SERFF.pdf<br/>           VT 2020 Exchange Rate Filing_v4 GMCB DECISION_SERFF.xlsx<br/>           RateTables_VT_2020_IND_OFF_080919.xls<br/>           RateTables_VT_2020_IND_ON_080919.xls<br/>           RateTables_VT_2020_SM_ON_080919.xls         </p> |
| <i>Previous Version</i>  |   |
| <b>Satisfied - Item:</b> | Actuarial Memorandum  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | <p> <i>2020 Actuarial Memorandum Vermont Exchange.pdf<br/>           Actuarial Memo Dataset (2020 issues)_SERFF.xlsx<br/>           Actuarial Memo Dataset (2020 issues)_SERFF.pdf<br/>           Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf<br/>           MVPH-131934219 Amendment 052119.pdf<br/>           Rate Increase Exhibit 2019-2020_052119_SERFF.pdf<br/>           Rate Increase Exhibit 2019-2020_052119_SERFF.xlsx<br/>           VT 2020 Exchange Rate Filing_052119_SERFF.pdf<br/>           VT 2020 Exchange Rate Filing_052119_SERFF.xlsx<br/>           Federal AVC Actuarial Certification for Non-standard Plans - 2020_061019.pdf<br/>           Final-Silver 2 HDHP CSR 73.pdf<br/>           Non-Standard AVC Screenshots VT 2020 Exchange.pdf</i> </p>  |
| <i>Previous Version</i>  |   |
| <b>Satisfied - Item:</b> | Actuarial Memorandum  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | <p> <i>2020 Actuarial Memorandum Vermont Exchange.pdf<br/>           Actuarial Memo Dataset (2020 issues)_SERFF.xlsx<br/>           Actuarial Memo Dataset (2020 issues)_SERFF.pdf<br/>           Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf<br/>           Non-Standard AVC Screenshots_VT 2020 Exchange.pdf<br/>           Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf<br/>           MVPH-131934219 Amendment 052119.pdf</i> </p>   |

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

*Rate Increase Exhibit 2019-2020\_052119\_SERFF.pdf*  
*Rate Increase Exhibit 2019-2020\_052119\_SERFF.xlsx*  
*VT 2020 Exchange Rate Filing\_052119\_SERFF.pdf*  
*VT 2020 Exchange Rate Filing\_052119\_SERFF.xlsx*

*Previous Version***Satisfied - Item:** *Actuarial Memorandum***Comments:**

**Attachment(s):**  
*2020 Actuarial Memorandum Vermont Exchange.pdf*  
*Actuarial Memo Dataset (2020 issues)\_SERFF.xlsx*  
*Actuarial Memo Dataset (2020 issues)\_SERFF.pdf*  
*Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf*  
*Non-Standard AVC Screenshots\_VT 2020 Exchange.pdf*  
*Rate Increase Exhibit 2019-2020\_SERFF.pdf*  
*Rate Increase Exhibit 2019-2020\_SERFF.xlsx*  
*Wakely - VT Standard Plan Designs - AV Certification\_2019-05-09.pdf*  
*VT 2020 Exchange Rate Filing\_SERFF.pdf*  
*VT 2020 Exchange Rate Filing\_SERFF.xlsx*

*Previous Version***Satisfied - Item:** *Actuarial Memorandum***Comments:**

**Attachment(s):**  
*2020 Actuarial Memorandum Vermont Exchange.pdf*  
*Actuarial Memo Dataset (2020 issues)\_SERFF.xlsx*  
*Actuarial Memo Dataset (2020 issues)\_SERFF.pdf*  
*Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf*  
*Non-Standard AVC Screenshots\_VT 2020 Exchange.pdf*  
*Rate Increase Exhibit 2019-2020\_Felt by Vermonters\_SERFF.pdf*  
*Rate Increase Exhibit 2019-2020\_Felt by Vermonters\_SERFF.xlsx*  
*Rate Increase Exhibit 2019-2020\_SERFF.pdf*  
*Rate Increase Exhibit 2019-2020\_SERFF.xlsx*  
*Wakely - VT Standard Plan Designs - AV Certification\_2019-05-09.pdf*  
*VT 2020 Exchange Rate Filing\_SERFF.pdf*  
*VT 2020 Exchange Rate Filing\_SERFF.xlsx*

**Satisfied - Item:** Unified Rate Review Template**Comments:**

**Attachment(s):**  
*Unified\_Rate\_Review\_Template\_2020\_MVPH\_VT\_Combined\_GMCB DECISION.pdf*  
*Unified\_Rate\_Review\_Template\_2020\_MVPH\_VT\_Combined\_GMCB DECISION.xlsm*

*Previous Version***Satisfied - Item:** *Unified Rate Review Template*

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

|                       |  |
|-----------------------|--|
| <b>Comments:</b>      |  |
| <b>Attachment(s):</b> | <i>Unified_Rate_Review_Template_2020_MVPHP_VT_Combined.pdf</i><br><i>Unified_Rate_Review_Template_2020_MVPHP_VT_Combined.xlsm</i><br><i>UnifiedRateReviewSubmission_201905089357.xml</i> |

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Amendment Letter

Submitted Date: 07/29/2019

Comments:  
Please see the attachment for MVP's response to the Post-Hearing Questions. There are no portions of this response that are deemed confidential by MVP.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

| Supporting Document Schedule Item Changes |   |
|---|---|
| <b>Satisfied - Item:</b>                  | Response to Post-Hearing Questions                                |
| <b>Comments:</b>                          | Please see the attachment.  |
| <b>Attachment(s):</b>                     | Response to 2020 VT Exchange Objection Post-Hearing Questions.pdf |

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Amendment Letter

Submitted Date: 07/25/2019

**Comments:**

Please see the amended Response to L&E Objection #5 which includes the file "Response to 2020 VT Exchange Objection #5" which was determined does not need to remain confidential.

**Changed Items:**

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

| Supporting Document Schedule Item Changes |   |
|---|---|
| <b>Satisfied - Item:</b>                  | Response to L&E Objection #5  |
| <b>Comments:</b>                          |   |
| <b>Attachment(s):</b>                     | VT 2020 Exchange Rate Filing_072419_SERFF.xlsx<br>VT 2020 Exchange Rate Filing_072419_SERFF.pdf<br>Rate Increase Exhibit 2019-2020_072419_SERFF.xlsx<br>Rate Increase Exhibit 2019-2020_072419_SERFF.pdf<br>Response to 2020 VT Exchange Objection #5.pdf |
| <i>Previous Version</i>                   |   |
| <b>Satisfied - Item:</b>                  | <i>Response to L&amp;E Objection #5</i>   |
| <b>Comments:</b>                          |   |
| <b>Attachment(s):</b>                     | <i>VT 2020 Exchange Rate Filing_072419_SERFF.xlsx<br/>           VT 2020 Exchange Rate Filing_072419_SERFF.pdf<br/>           Rate Increase Exhibit 2019-2020_072419_SERFF.xlsx<br/>           Rate Increase Exhibit 2019-2020_072419_SERFF.pdf</i>       |

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Amendment Letter

Submitted Date: 07/12/2019

Comments:

Please see the attached documents which provide an update to the Non-Standard Gold 2 plan per the Department of Financial Regulation's order.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

| Supporting Document Schedule Item Changes |  |
|---|--|
| <b>Satisfied - Item:</b>                  | Update to Non-Standard Gold 2 plan   |
| <b>Comments:</b>                          |  |
| <b>Attachment(s):</b>                     | Final_ 2020 AVC Gold 2.pdf<br>Notice of Plan Design Change_Gold 2 Non-Standard.pdf<br>VT 2020 Exchange Rate Filing_Change to Gold 2 Plan_SERFF.pdf<br>Rate Increase Exhibit 2019-2020_071119_SERFF.pdf |

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Amendment Letter

Submitted Date: 07/08/2019

**Comments:**

Please see the Revised response to L&E Objection #3 which includes a document "Response to 2020 VT Exchange Objection #3 Question #1" per the GMCB's July 1 order.

**Changed Items:**

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

| Supporting Document Schedule Item Changes |   |
|---|---|
| <b>Satisfied - Item:</b>                  | Response to L&E Objection #3  |
| <b>Comments:</b>                          |   |
| <b>Attachment(s):</b>                     | Support for L&E Objection #3_SERFF.xlsx<br>Support for L&E Objection #3_SERFF.pdf<br>Response to 2020 VT Exchange Objection #3_SERFF.pdf<br>Response to 2020 VT Exchange Objection #3_Question #1.pdf |
| <i>Previous Version</i>                   |   |
| <b>Satisfied - Item:</b>                  | <i>Response to L&amp;E Objection #3</i>   |
| <b>Comments:</b>                          |   |
| <b>Attachment(s):</b>                     | <i>Support for L&amp;E Objection #3_SERFF.xlsx<br/>Support for L&amp;E Objection #3_SERFF.pdf<br/>Response to 2020 VT Exchange Objection #3_SERFF.pdf</i>   |

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

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State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name:

VT Exchange 2020

Project Name/Number:

/

## Amendment Letter

Submitted Date:

06/10/2019

Comments:

MVP has updated the Silver 2 73% CSR Plan to incorporate a change to the deductible and MOOP. This change was required to comply with federal guidelines that the 73% CSR plan must be at least 2% higher AV than the base benefit.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

**Supporting Document Schedule Item Changes****Satisfied - Item:** Actuarial Memorandum**Comments:**

**Attachment(s):**  
 2020 Actuarial Memorandum Vermont Exchange.pdf  
 Actuarial Memo Dataset (2020 issues)\_SERFF.xlsx  
 Actuarial Memo Dataset (2020 issues)\_SERFF.pdf  
 Wakely - VT Standard Plan Designs - AV Certification\_2019-05-09.pdf  
 MVPH-131934219 Amendment 052119.pdf  
 Rate Increase Exhibit 2019-2020\_052119\_SERFF.pdf  
 Rate Increase Exhibit 2019-2020\_052119\_SERFF.xlsx  
 VT 2020 Exchange Rate Filing\_052119\_SERFF.pdf  
 VT 2020 Exchange Rate Filing\_052119\_SERFF.xlsx  
 Federal AVC Actuarial Certification for Non-standard Plans - 2020\_061019.pdf  
 Final-Silver 2 HDHP CSR 73.pdf  
 Non-Standard AVC Screenshots VT 2020 Exchange.pdf

*Previous Version***Satisfied - Item:** Actuarial Memorandum**Comments:**

**Attachment(s):**  
 2020 Actuarial Memorandum Vermont Exchange.pdf  
 Actuarial Memo Dataset (2020 issues)\_SERFF.xlsx  
 Actuarial Memo Dataset (2020 issues)\_SERFF.pdf  
 Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf  
 Non-Standard AVC Screenshots\_VT 2020 Exchange.pdf  
 Wakely - VT Standard Plan Designs - AV Certification\_2019-05-09.pdf  
 MVPH-131934219 Amendment 052119.pdf  
 Rate Increase Exhibit 2019-2020\_052119\_SERFF.pdf  
 Rate Increase Exhibit 2019-2020\_052119\_SERFF.xlsx  
 VT 2020 Exchange Rate Filing\_052119\_SERFF.pdf  
 VT 2020 Exchange Rate Filing\_052119\_SERFF.xlsx

*Previous Version***Satisfied - Item:** Actuarial Memorandum**Comments:**

**Attachment(s):**  
 2020 Actuarial Memorandum Vermont Exchange.pdf  
 Actuarial Memo Dataset (2020 issues)\_SERFF.xlsx  
 Actuarial Memo Dataset (2020 issues)\_SERFF.pdf  
 Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf  
 Non-Standard AVC Screenshots\_VT 2020 Exchange.pdf  
 Rate Increase Exhibit 2019-2020\_SERFF.pdf  
 Rate Increase Exhibit 2019-2020\_SERFF.xlsx  
 Wakely - VT Standard Plan Designs - AV Certification\_2019-05-09.pdf  
 VT 2020 Exchange Rate Filing\_SERFF.pdf  
 VT 2020 Exchange Rate Filing\_SERFF.xlsx

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

*Previous Version*

**Satisfied - Item:** *Actuarial Memorandum*

**Comments:**

**Attachment(s):**

*2020 Actuarial Memorandum Vermont Exchange.pdf*  
*Actuarial Memo Dataset (2020 issues)\_SERFF.xlsx*  
*Actuarial Memo Dataset (2020 issues)\_SERFF.pdf*  
*Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf*  
*Non-Standard AVC Screenshots\_VT 2020 Exchange.pdf*  
*Rate Increase Exhibit 2019-2020\_Felt by Vermonters\_SERFF.pdf*  
*Rate Increase Exhibit 2019-2020\_Felt by Vermonters\_SERFF.xlsx*  
*Rate Increase Exhibit 2019-2020\_SERFF.pdf*  
*Rate Increase Exhibit 2019-2020\_SERFF.xlsx*  
*Wakely - VT Standard Plan Designs - AV Certification\_2019-05-09.pdf*  
*VT 2020 Exchange Rate Filing\_SERFF.pdf*  
*VT 2020 Exchange Rate Filing\_SERFF.xlsx*

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Amendment Letter

Submitted Date: 05/30/2019

**Comments:**

Response to L&E Objection #1 edited to include the GMCB Approved Hospital Budget Document that is not confidential.

**Changed Items:**

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

| Supporting Document Schedule Item Changes |   |
|---|---|
| <b>Satisfied - Item:</b>                  | Response to L&E Objection #1  |
| <b>Comments:</b>                          |   |
| <b>Attachment(s):</b>                     | Response to 2020 VT Exchange Objection #1_REDACTED.pdf<br>GMCB Approved Hospital Budget Decisions Sept 12 2018 updated Sept 18 2018.pdf |
| <i>Previous Version</i>                   |   |
| <b>Satisfied - Item:</b>                  | <i>Response to L&amp;E Objection #1</i>   |
| <b>Comments:</b>                          |   |
| <b>Attachment(s):</b>                     | <i>Response to 2020 VT Exchange Objection #1_REDACTED.pdf</i>   |

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

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State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name:

VT Exchange 2020

Project Name/Number:

/

## Amendment Letter

Submitted Date:

05/21/2019

Comments:

MVP has submitted an updated rate filing which reflect updated medical trend information. Please see the attached document "MVPH-131934219 Amendment 052119.pdf" for more information on the nature of the update.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

**State:** VermontGMCB  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Filing Company:** MVP Health Plan, Inc.  
**Project Name/Number:** /

**Supporting Document Schedule Item Changes**

|                          |   |
|--------------------------|---|
| <b>Satisfied - Item:</b> | Actuarial Memorandum  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | 2020 Actuarial Memorandum Vermont Exchange.pdf<br>Actuarial Memo Dataset (2020 issues)_SERFF.xlsx<br>Actuarial Memo Dataset (2020 issues)_SERFF.pdf<br>Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf<br>Non-Standard AVC Screenshots_VT 2020 Exchange.pdf<br>Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf<br>MVPH-131934219 Amendment 052119.pdf<br>Rate Increase Exhibit 2019-2020_052119_SERFF.pdf<br>Rate Increase Exhibit 2019-2020_052119_SERFF.xlsx<br>VT 2020 Exchange Rate Filing_052119_SERFF.pdf<br>VT 2020 Exchange Rate Filing_052119_SERFF.xlsx   |
| <i>Previous Version</i>  |   |
| <b>Satisfied - Item:</b> | Actuarial Memorandum  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | <i>2020 Actuarial Memorandum Vermont Exchange.pdf</i><br><i>Actuarial Memo Dataset (2020 issues)_SERFF.xlsx</i><br><i>Actuarial Memo Dataset (2020 issues)_SERFF.pdf</i><br><i>Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf</i><br><i>Non-Standard AVC Screenshots_VT 2020 Exchange.pdf</i><br><i>Rate Increase Exhibit 2019-2020_SERFF.pdf</i><br><i>Rate Increase Exhibit 2019-2020_SERFF.xlsx</i><br><i>Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf</i><br><i>VT 2020 Exchange Rate Filing_SERFF.pdf</i><br><i>VT 2020 Exchange Rate Filing_SERFF.xlsx</i>  |
| <i>Previous Version</i>  |   |
| <b>Satisfied - Item:</b> | Actuarial Memorandum  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | <i>2020 Actuarial Memorandum Vermont Exchange.pdf</i><br><i>Actuarial Memo Dataset (2020 issues)_SERFF.xlsx</i><br><i>Actuarial Memo Dataset (2020 issues)_SERFF.pdf</i><br><i>Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf</i><br><i>Non-Standard AVC Screenshots_VT 2020 Exchange.pdf</i><br><i>Rate Increase Exhibit 2019-2020_Felt by Vermonters_SERFF.pdf</i><br><i>Rate Increase Exhibit 2019-2020_Felt by Vermonters_SERFF.xlsx</i><br><i>Rate Increase Exhibit 2019-2020_SERFF.pdf</i><br><i>Rate Increase Exhibit 2019-2020_SERFF.xlsx</i><br><i>Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf</i><br><i>VT 2020 Exchange Rate Filing_SERFF.pdf</i><br><i>VT 2020 Exchange Rate Filing_SERFF.xlsx</i> |

**SERFF Tracking #:**

MVPH-131934219

**State Tracking #:**

**Company Tracking #:**

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**State:**

VermontGMCB

**Filing Company:**

MVP Health Plan, Inc.

**TOI/Sub-TOI:**

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

**Product Name:**

VT Exchange 2020

**Project Name/Number:**

/

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

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State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name:

VT Exchange 2020

Project Name/Number:

/

## Amendment Letter

Submitted Date:

05/13/2019

Comments:

MVP has removed the "Rate Increase Exhibit Felt by Vermonters" files and updated the Consumer Narrative per the GMCB's request.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

**State:** VermontGMCB  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

**Filing Company:**

MVP Health Plan, Inc.

**Supporting Document Schedule Item Changes**

|                          |   |
|--------------------------|---|
| <b>Satisfied - Item:</b> | Actuarial Memorandum  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | 2020 Actuarial Memorandum Vermont Exchange.pdf<br>Actuarial Memo Dataset (2020 issues)_SERFF.xlsx<br>Actuarial Memo Dataset (2020 issues)_SERFF.pdf<br>Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf<br>Non-Standard AVC Screenshots_VT 2020 Exchange.pdf<br>Rate Increase Exhibit 2019-2020_SERFF.pdf<br>Rate Increase Exhibit 2019-2020_SERFF.xlsx<br>Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf<br>VT 2020 Exchange Rate Filing_SERFF.pdf<br>VT 2020 Exchange Rate Filing_SERFF.xlsx  |
| <i>Previous Version</i>  |   |
| <b>Satisfied - Item:</b> | Actuarial Memorandum  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | 2020 Actuarial Memorandum Vermont Exchange.pdf<br>Actuarial Memo Dataset (2020 issues)_SERFF.xlsx<br>Actuarial Memo Dataset (2020 issues)_SERFF.pdf<br>Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf<br>Non-Standard AVC Screenshots_VT 2020 Exchange.pdf<br>Rate Increase Exhibit 2019-2020_Felt by Vermonters_SERFF.pdf<br>Rate Increase Exhibit 2019-2020_Felt by Vermonters_SERFF.xlsx<br>Rate Increase Exhibit 2019-2020_SERFF.pdf<br>Rate Increase Exhibit 2019-2020_SERFF.xlsx<br>Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf<br>VT 2020 Exchange Rate Filing_SERFF.pdf<br>VT 2020 Exchange Rate Filing_SERFF.xlsx |
| <b>Satisfied - Item:</b> | Consumer Disclosure Form  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | Consumer Disclosure Form about Rate Increases - 2020 VT Exchange.pdf  |
| <i>Previous Version</i>  |   |
| <b>Satisfied - Item:</b> | Consumer Disclosure Form  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | Consumer Disclosure Form about Rate Increases - 2020 VT Exchange.pdf  |

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Note To Reviewer

**Created By:**

Eric Bachner on 05/23/2019 11:49 AM

**Last Edited By:**

Eric Bachner

**Submitted On:**

05/23/2019 11:49 AM

**Subject:**

Request for Confidentiality- L&E Objection #1

**Comments:**

Pursuant to 1 VSA 317(c)(9), MVP designates the identified information as trade secrets, which are confidential and proprietary business records within the meaning of 1 VSA 317(c)(9), and not subject to disclosure. As reason therefore, MVP states this information is the subject of confidential financial information which would result in a competitive disadvantage if our competitors were to learn these results. This response contains trend information that is the result of confidential negotiations between MVP and facilities performing medical services. The release of this data would place MVP at a competitive disadvantage with both other insurers in the marketplace as well as with facilities that MVP networks with. MVP maintains the secrecy of this data, and requests that the Board do likewise.

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Reviewer Note

**Created By:**

Thomas Crompton on 08/20/2019 07:08 AM

**Subject:**

RRS and RRD submitted on 05212019

**Comments:**

2nd revision

RRStab submitted 05212019 (2<sup>nd</sup>)

Rate Information

Rate Info Applies: Rate Data is Required

Filing Method: SERFF

Rate Change Type: Increase

Overall Pct. of Last Revision: 6.630

Effective Date of Last Revision 01/01/2019

Filing Method of Last Filing: SERFF

SERFF Tracking Number of Last Filing: [MVPH-131497138](#)

| <b>Company Name:</b>  | <b>Company Rate Change: *</b> | <b>Overall % Indicated Change:</b> | <b>Overall % Rate Impact:</b> | <b>Written Premium Change for this Program:</b> | <b>Number of Policy Holders Affected for this Program:</b> | <b>Written Premium for this Program:</b> | <b>Maximum % Change (where required):</b> | <b>Minimum % Change (where required):</b> |
|-----------------------|-------------------------------|------------------------------------|-------------------------------|---|--|--|---|---|
| MVP Health Plan, Inc. | Increase                      | 8.450%                             | 8.450%                        | \$15,948,590                                    | 11,696   | \$188,668,999                            | 22.600%                                   | 4.100%                                    |

RRD Submitted 05212019 (2<sup>nd</sup>)

Company Name: MVP Health Plan, Inc.

HHS Issuer ID:  \* 77566

PRODUCTS:  \*

| Product Name *     | HIOS Product ID | HIOS Submission ID | Number of Covered Lives * |
|--------------------|-----------------|--------------------|---------------------------|
| VT Individual HMO  | 77566VT004      |                    | 14,491                    |
| VT Small Group HMO | 77566VT005      |                    | 16,396                    |

Trend Factors: 

FORMS: \* 

New Policy Forms:

Affected Forms for Closed Blocks:

Other Affected Forms: VT EXCHANGE COC

REQUESTED RATE CHANGE INFORMATION: 

Change Period: \* Annual

Member Months: \* 370,644

Benefit Change: \* Increase

Percent Rate Change Requested: Min: \* 4.100 Max: \* 22.600 Weighted Avg.: \* 8.500

PRIOR RATE: 

Total Earned Premium: \* 188,668,999.00

Total Incurred Claims: \* 170,767,541.00

Annualized PMPM \$: Min: \* 299.31 Max: \* 638.18 Weighted Avg.: \* 509.03

REQUESTED RATE: 

Projected Earned Premium: \* 204,617,589.00

Projected Incurred Claims: \* 181,384,389.00

Annualized PMPM \$: Min: \* 331.05 Max: \* 686.54 Weighted Avg.: \* 552.06

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Reviewer Note

**Created By:**

Thomas Crompton on 05/23/2019 07:03 AM

**Subject:**

Original RRS tab and RRD submitted on 51019

**Comments:**

Original RRS tab and RRD

Filing Company: MVP Health Plan, Inc.

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02G.002C Any Size Group - HMO

Filing Type: GMCB Rate

Assigned To: Thomas Crompton (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Amerin Aborjaily, Michael Barber

Date Submitted: 05/10/2019

SERFF Tr Num: MVPH-131934219

SERFF Status: Pending Industry Response

State Tr Num:

State Status:

Co Tr Num:

Disposition Date:

**Company Rate Information**

| <b>Company Name:</b>  | <b>Company Rate Change? *</b> | <b>Overall % Indicated Change:</b> | <b>Overall % Rate Impact:</b> | <b>Written Premium Change for this Program:</b> | <b>Number of Policy Holders Affected for this Program:</b> | <b>Written Premium for this Program:</b> | <b>Maximum % Change (where required):</b> | <b>Minimum % Change (where required):</b> |
|-----------------------|-------------------------------|------------------------------------|-------------------------------|---|--|--|---|---|
| MVP Health Plan, Inc. | Increase                      | 9.380 %                            | 9.380 %                       | \$17,700,895.00                                 | 11,696   | \$188,668,999.00                         | 23.700 %                                  | 5.000 %                                   |

[View Rate Review Detail](#)

| <b>Product Name *</b> | <b>HIOS Product ID</b> | <b>HIOS Submission ID</b> | <b>Number of Covered Lives *</b> |
|-----------------------|------------------------|---------------------------|----------------------------------|
| VT Individual HMO     | 77566VT004             |                           | 14491                            |
| VT Small Group HMO    | 77566VT005             |                           | 16396                            |

Company Name: MVP Health Plan, Inc.

HHS Issuer ID:  \* 77566

PRODUCTS:  \*

| <b>Product Name</b> * | <b>HIOS Product ID</b> | <b>HIOS Submission ID</b> | <b>Number of Covered Lives</b> * |
|-----------------------|------------------------|---------------------------|----------------------------------|
| VT Individual HMO     | 77566VT004             |                           | 14491                            |
| VT Small Group HMO    | 77566VT005             |                           | 16396                            |

Trend Factors: 

FORMS: \* 

New Policy Forms:

Affected Forms for Closed Blocks:

Other Affected Forms: VT EXCHANGE COC

REQUESTED RATE CHANGE INFORMATION: 

Change Period: \* Annual

Member Months: \* 370644

Benefit Change: \* Increase

Percent Rate Change Requested: Min: 5% Max: 23.7% Weighted Avg.: 9.4%

PRIOR RATE: 

Total Earned Premium: \* 188668999

Total Incurred Claims: \* 170767541

Annualized PMPM \$: Min: \* \$ 299.31 Max: \* \$ 638.18 Weighted Avg.: \* \$ 509.03

REQUESTED RATE: 

Projected Earned Premium: \* 206369894

Projected Incurred Claims: \* 182937729

Annualized PMPM \$: Min: \* \$ 333.75 Max: \* \$ 692.7 Weighted Avg.: \* \$ 556.79

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Post Submission Update Request Processed On 05/23/2019

**Status:** Allowed  
**Created By:** Eric Bachner  
**Processed By:** Thomas Crompton  
**Comments:** This post submission update has been allowed.

### Company Rate Information:

Company Name:MVP Health Plan, Inc.

| Field Name                              | Requested Change | Prior Value |
|---|------------------|-------------|
| Overall % Indicated Change              | 8.450%           | 9.380%      |
| Overall % Rate Impact                   | 8.450%           | 9.380%      |
| Written Premium Change for this Program | \$15948590       | \$17700895  |
| Maximum %Change (where required)        | 22.600%          | 23.700%     |
| Minimum %Change (where required)        | 4.100%           | 5.000%      |

**Product:** NEW  
**Product Name** VT Individual HMO  
**HIOS Product ID** 77566VT004  
**Number of Covered Lives** 14491

**Product:** NEW  
**Product Name** VT Small Group HMO  
**HIOS Product ID** 77566VT005  
**Number of Covered Lives** 16396

### REQUESTED RATE CHANGE INFORMATION:

|                |        |       |
|----------------|--------|-------|
| Min:           | 4.100  | 5.000 |
| Max:           | 22.600 | 23.7  |
| Weighted Avg.: | 8.500  | 9.4   |

### REQUESTED RATE:

|                            |                 |                 |
|----------------------------|-----------------|-----------------|
| Projected Earned Premium:  | 204,617,589.000 | 206,369,894.000 |
| Projected Incurred Claims: | 181,384,389.000 | 182,937,729.000 |
| Min:                       | 331.050         | 333.750         |
| Max:                       | 686.540         | 692.700         |
| Weighted Avg.:             | 552.060         | 556.790         |

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Post Submission Update Request Processed On 08/20/2019

**Status:** Allowed  
**Created By:** Eric Bachner  
**Processed By:** Thomas Crompton  
**Comments:** This post submission update is allowed.

### General Information:

| Field Name          | Requested Change | Prior Value |
|---------------------|------------------|-------------|
| Overall Rate Impact | 10.08            | 0           |

### Company Rate Information:

Company Name:MVP Health Plan, Inc.

| Field Name                              | Requested Change | Prior Value |
|---|------------------|-------------|
| Overall % Indicated Change              | 10.080%          | 8.450%      |
| Overall % Rate Impact                   | 10.080%          | 8.450%      |
| Written Premium Change for this Program | \$19024976       | \$15948590  |
| Maximum %Change (where required)        | 13.600%          | 22.600%     |
| Minimum %Change (where required)        | 5.700%           | 4.100%      |

|                         |                   |
|-------------------------|-------------------|
| Product:                | NEW               |
| Product Name            | VT Individual HMO |
| HIOS Product ID         | 77566VT004        |
| Number of Covered Lives | 14491             |

|                         |                    |
|-------------------------|--------------------|
| Product:                | NEW                |
| Product Name            | VT Small Group HMO |
| HIOS Product ID         | 77566VT005         |
| Number of Covered Lives | 16396              |

### REQUESTED RATE CHANGE INFORMATION:

|                |        |       |
|----------------|--------|-------|
| Min:           | 5.700  | 4.100 |
| Max:           | 13.600 | 22.6  |
| Weighted Avg.: | 10.100 | 8.5   |

### REQUESTED RATE:

|                            |                 |                 |
|----------------------------|-----------------|-----------------|
| Projected Earned Premium:  | 207,693,975.000 | 204,617,589.000 |
| Projected Incurred Claims: | 185,290,954.000 | 181,384,389.000 |
| Min:                       | 336.240         | 331.050         |
| Max:                       | 784.520         | 686.540         |
| Weighted Avg.:             | 560.360         | 552.060         |

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

### Rate Information

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 6.630%  
**Effective Date of Last Rate Revision:** 01/01/2019  
**Filing Method of Last Filing:** SERFF  
**SERFF Tracking Number of Last Filing:** MVPH-131497138

### Company Rate Information

| Company Name:         | Company Rate Change: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | Number of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): |
|-----------------------|----------------------|-----------------------------|------------------------|--|---|-----------------------------------|---------------------------------|---------------------------------|
| MVP Health Plan, Inc. | Increase             | 10.080%                     | 10.080%                | \$19,024,976                             | 11,696  | \$188,668,999                     | 13.600%                         | 5.700%                          |

State: VermontGMCB Filing Company: MVP Health Plan, Inc.  
 TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
 Product Name: VT Exchange 2020  
 Project Name/Number: /

**Rate Review Detail**

**COMPANY:**

Company Name: MVP Health Plan, Inc.  
 HHS Issuer Id: 77566

**PRODUCTS:**

| Product Name       | HIOS Product ID | HIOS Submission ID | Number of Covered Lives |
|--------------------|-----------------|--------------------|-------------------------|
| VT Individual HMO  | 77566VT004      |                    | 14491                   |
| VT Small Group HMO | 77566VT005      |                    | 16396                   |

Trend Factors:

**FORMS:**

New Policy Forms:  
 Affected Forms:  
 Other Affected Forms: VT EXCHANGE COC

**REQUESTED RATE CHANGE INFORMATION:**

Change Period: Annual  
 Member Months: 370,644  
 Benefit Change: Increase  
 Percent Change Requested: Min: 5.7 Max: 13.6 Avg: 10.1

**PRIOR RATE:**

Total Earned Premium: 188,668,999.00  
 Total Incurred Claims: 170,767,541.00  
 Annual \$: Min: 299.31 Max: 638.18 Avg: 509.03

**REQUESTED RATE:**

Projected Earned Premium: 207,693,975.00  
 Projected Incurred Claims: 185,290,954.00  
 Annual \$: Min: 336.24 Max: 784.52 Avg: 560.36

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

## Supporting Document Schedules

|                          |  |
|--------------------------|--|
| <b>Satisfied - Item:</b> | Actuarial Memorandum   |
| <b>Comments:</b>         |  |
| <b>Attachment(s):</b>    | 2020 Actuarial Memorandum Vermont Exchange.pdf<br>Actuarial Memo Dataset (2020 issues)_SERFF.xlsx<br>Actuarial Memo Dataset (2020 issues)_SERFF.pdf<br>Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf<br>MVPH-131934219 Amendment 052119.pdf<br>Federal AVC Actuarial Certification for Non-standard Plans - 2020_061019.pdf<br>Final-Silver 2 HDHP CSR 73.pdf<br>Non-Standard AVC Screenshots VT 2020 Exchange.pdf<br>Rate Increase Exhibit 2019-2020_v4 GMCB DECISION_SERFF.xlsx<br>Rate Increase Exhibit 2019-2020_v4 GMCB DECISION_SERFF.pdf<br>VT 2020 Exchange Rate Filing_v4 GMCB DECISION_SERFF.pdf<br>VT 2020 Exchange Rate Filing_v4 GMCB DECISION_SERFF.xlsx<br>RateTables_VT_2020_IND_OFF_080919.xls<br>RateTables_VT_2020_IND_ON_080919.xls<br>RateTables_VT_2020_SM_ON_080919.xls |
| <b>Item Status:</b>      |  |
| <b>Status Date:</b>      |  |
| <b>Satisfied - Item:</b> | Actuarial Memorandum and Certifications  |
| <b>Comments:</b>         |  |
| <b>Attachment(s):</b>    | 2020 Federal Act Memo Vermont Exchange.pdf   |
| <b>Item Status:</b>      |  |
| <b>Status Date:</b>      |  |
| <b>Satisfied - Item:</b> | Civil Union Rating Requirements  |
| <b>Comments:</b>         | MVP's rating rules satisfy 8 V.S.A. § 4724.  |
| <b>Attachment(s):</b>    |  |
| <b>Item Status:</b>      |  |
| <b>Status Date:</b>      |  |
| <b>Satisfied - Item:</b> | Consumer Disclosure Form   |
| <b>Comments:</b>         |  |
| <b>Attachment(s):</b>    | Consumer Disclosure Form about Rate Increases - 2020 VT Exchange.pdf   |
| <b>Item Status:</b>      |  |
| <b>Status Date:</b>      |  |

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

|                          |                                      |
|--------------------------|--------------------------------------|
| <b>Satisfied - Item:</b> | Filing Compliance Certification      |
| <b>Comments:</b>         |                                      |
| <b>Attachment(s):</b>    | Certification of Compliance - VT.pdf |
| <b>Item Status:</b>      |                                      |
| <b>Status Date:</b>      |                                      |

|                         |                                  |
|-------------------------|----------------------------------|
| <b>Bypassed - Item:</b> | Third Party Filing Authorization |
| <b>Bypass Reason:</b>   | N/A                              |
| <b>Attachment(s):</b>   |                                  |
| <b>Item Status:</b>     |                                  |
| <b>Status Date:</b>     |                                  |

|                          |   |
|--------------------------|---|
| <b>Satisfied - Item:</b> | Unified Rate Review Template  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | Unified_Rate_Review_Template_2020_MVPHP_VT_Combined_GMCB DECISION.pdf<br>Unified_Rate_Review_Template_2020_MVPHP_VT_Combined_GMCB DECISION.xlsm |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |

|                          |   |
|--------------------------|---|
| <b>Satisfied - Item:</b> | Response to L&E Objection #1  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | Response to 2020 VT Exchange Objection #1_REDACTED.pdf<br>GMCB Approved Hospital Budget Decisions Sept 12 2018 updated Sept 18 2018.pdf |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |

|                          |  |
|--------------------------|--|
| <b>Satisfied - Item:</b> | Response to L&E Objection #2   |
| <b>Comments:</b>         |  |
| <b>Attachment(s):</b>    | Response to 2020 VT Exchange Objection #2_SERFF.pdf<br>Support for L&E Objection 2_SERFF.xlsx<br>Support for L&E Objection 2_SERFF.pdf |
| <b>Item Status:</b>      |  |
| <b>Status Date:</b>      |  |

|                          |                              |
|--------------------------|------------------------------|
| <b>Satisfied - Item:</b> | Response to L&E Objection #4 |
| <b>Comments:</b>         |                              |

**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

|                          |   |
|--------------------------|---|
| <b>Attachment(s):</b>    | 2020 MVPHP VT Exchange URRT_Without Rounding.xlsx<br>2020 MVPHP VT Exchange URRT_Without Rounding.pdf<br>Support for L&E Objection #4_SERFF.xlsx<br>Support for L&E Objection #4_SERFF.pdf<br>Response to 2020 VT Exchange Objection #4_SERFF.pdf         |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |
| <b>Satisfied - Item:</b> | Response to L&E Objection #3  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | Support for L&E Objection #3_SERFF.xlsx<br>Support for L&E Objection #3_SERFF.pdf<br>Response to 2020 VT Exchange Objection #3_SERFF.pdf<br>Response to 2020 VT Exchange Objection #3_Question #1.pdf   |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |
| <b>Satisfied - Item:</b> | Update to Non-Standard Gold 2 plan  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | Final_ 2020 AVC Gold 2.pdf<br>Notice of Plan Design Change_Gold 2 Non-Standard.pdf<br>VT 2020 Exchange Rate Filing_Change to Gold 2 Plan_SERFF.pdf<br>Rate Increase Exhibit 2019-2020_071119_SERFF.pdf  |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |
| <b>Satisfied - Item:</b> | Response to L&E Objection #5  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | VT 2020 Exchange Rate Filing_072419_SERFF.xlsx<br>VT 2020 Exchange Rate Filing_072419_SERFF.pdf<br>Rate Increase Exhibit 2019-2020_072419_SERFF.xlsx<br>Rate Increase Exhibit 2019-2020_072419_SERFF.pdf<br>Response to 2020 VT Exchange Objection #5.pdf |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |
| <b>Satisfied - Item:</b> | Response to Post-Hearing Questions  |
| <b>Comments:</b>         | Please see the attachment.  |
| <b>Attachment(s):</b>    | Response to 2020 VT Exchange Objection Post-Hearing Questions.pdf   |
| <b>Item Status:</b>      |   |

**SERFF Tracking #:**

MVPH-131934219

**State Tracking #:**

**Company Tracking #:**

**State:**

VermontGMCB

**Filing Company:**

MVP Health Plan, Inc.

**TOI/Sub-TOI:**

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

**Product Name:**

VT Exchange 2020

**Project Name/Number:**

/

**Status Date:**

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**State:** VermontGMCB **Filing Company:** MVP Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

***Attachment Actuarial Memo Dataset (2020 issues)\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Rate Increase Exhibit 2019-2020\_v4 GMCB DECISION\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VT 2020 Exchange Rate Filing\_v4 GMCB DECISION\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment RateTables\_VT\_2020\_IND\_OFF\_080919.xls is not a PDF document and cannot be reproduced here.***

***Attachment RateTables\_VT\_2020\_IND\_ON\_080919.xls is not a PDF document and cannot be reproduced here.***

***Attachment RateTables\_VT\_2020\_SM\_ON\_080919.xls is not a PDF document and cannot be reproduced here.***

***Attachment Unified\_Rate\_Review\_Template\_2020\_MVPHP\_VT\_Combined\_GMCB DECISION.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment Support for L&E Objection 2\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2020 MVPHP VT Exchange URRT\_Without Rounding.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Support for L&E Objection #4\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

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State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name:

VT Exchange 2020

Project Name/Number:

/

***Attachment Support for L&E Objection #3\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VT 2020 Exchange Rate Filing\_072419\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Rate Increase Exhibit 2019-2020\_072419\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***



## Contact Information

### **Company Information**

|                     |                       |
|---------------------|-----------------------|
| Company Legal Name: | MVP Health Plan, Inc. |
| HIOS Issuer ID:     | 77566                 |
| NAIC Number:        | 95521                 |

### **Primary Contact Information**

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## **ACTUARIAL MEMORANDUM 2020 Vermont Exchange Filing**

### **Purpose and Scope of Filing**

This memorandum details the methods and assumptions underlying the proposed 2020 premium rates for the State of Vermont's individual and small group ACA compliant market. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2020 and 12/31/2020. There are no benefit plans being retired, nor are there any new benefit plans being added. MVP modified several the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The average rate increase after removing all on-exchange Silver members from the pool (also known as the rate increase "felt by Vermonters") is 10.2%, with increases ranging from 8.2% to 23.7%. The rate increase including on-exchange Silver members (MVP's revenue increase) is 9.4%, with increases ranging from 5.0% to 23.7%.

### **Market/Benefits**

All benefit plans and rates included in this rate filing are available to both individuals and small employer groups with the exception of the Catastrophic plan (FRVT-HMO-C-001-N (2020)). The Catastrophic plan is only available to individuals that meet a specific set of qualifications per Federal ACA rules.

A description of benefits is included in Exhibit 1 of the rate filing. As in 2019, MVP has filed Silver plans to be sold off exchange known as "reflective" Silver plans. These plans are equivalent to the corresponding on exchange plan with the exception of a \$5 copay or 5% coinsurance change to the ambulance benefit or a modification to the deductible/maximum out of pocket for the plan which has no cost sharing after the deductible.

Exhibit 1A of the filing provides an overview of benefit changes for renewing plans from 2019 to 2020. As noted in the rate filing document, design changes from the previous year's plan design are shaded in gray.

All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the DVHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP previously contracted Milliman to determine an actuarially equivalent visit limit, and the claim data in the experience period represents this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, form: FRVT366.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 11,696 policyholders, 20,156 subscribers and 30,887 members based on February 2019 membership. This includes 458 members who are currently enrolled in MVP's Small Group Grandfathered block of business, but will have migrated to this block by 2020.

### **Experience Period Claims**

MVP Health Plan and MVP Health Insurance Company historical claim data was the basis of the premium rate development. All ACA compliant individual and small employer group data are included in the experience period data set. Additionally, data for groups who were in MVP's grandfathered block during the experience period and are currently enrolled in an MVP plan were included.

MVP combined the experience of these separate pools of data to satisfy the single risk pool requirement of the Federal ACA as well as Vermont rating requirements. The claim data is assumed to be fully credible. The experience period for the historical claims is incurred dates of service between 1/1/18 and 12/31/18, paid through 2/28/19. MVP has restated its incurred medical claim estimates to complete the claims through 3/31/19.

Please see Exhibit 3 for a summary of MVP's experience period claims, market-wide adjustments to experience period claims, and the development of the paid Index rate PMPM. MVP is illustrating the development of the paid index rate PMPM separately for ACA compliant small group, ACA compliant individual and grandfathered small group data. Market-wide adjustments and trend projections are being made to each of these experience period data sets which are then combined to determine the single risk pool paid Index rate PMPM. Details of the market-wide adjustments and trend projections being made to MVP's experience period data are discussed below.

Line 1 of Exhibit 3 provides the member months over the experience period for the rating pool.

Line 2 of Exhibit 3 provides the experience period fee for service medical claim expense on a "per member per month" (PMPM basis). This includes all claims for medical services paid by MVP for the rating pool during the experience period.

Line 3 of Exhibit 3 provides the FFS claims paid by MVP for pediatric dental services provided to members in the rating pool during the experience period. Please note that pediatric dental was not a covered benefit for the small group grandfathered population during the experience period.

Lines 4a and 4b reflect projected recoveries under the CSR subsidy program. Line 4a reflects the payments made to MVP by the federal government to cover the difference between the plan's filed cost sharing and the member's actual cost sharing under the program. Even though the federal subsidies were discontinued in October 2017, MVP is capturing the full amount of the reduction to claim expense in the filing and adding it back only on specific plans which will be discussed later. Because the state CSR program is still projected to continue in the rating period, MVP is reflecting these recoveries as a reduction to claim expense.

Line 5 reflects the assumption for claims Incurred but not Reported (IBNR) as of the latest date the claims data was paid through. We have completed the claims using an IBNR factor of 2.4% which is our best estimate of ultimate liabilities as of 3/31/19. MVP uses a combined trended PMPM and completion factor method to value its ultimate claim liabilities. Note that the model used to calculate IBNR for this block of business includes all Vermont business, so the paid and incurred claims below will not match the paid and incurred claims in the filing. Please see the following table comparing incurred and paid claim amounts by month for the experience period.

| <b>Incurred Month</b> | <b>Paid Claims</b>   | <b>Incurred Claims</b> | <b>IBNR Factor</b> |
|-----------------------|----------------------|------------------------|--------------------|
| 201812                | \$9,795,406          | \$10,696,893           | 1.092              |
| 201811                | \$10,779,254         | \$11,816,888           | 1.096              |
| 201810                | \$11,331,718         | \$11,641,604           | 1.027              |
| 201809                | \$8,844,792          | \$8,984,311            | 1.016              |
| 201808                | \$10,009,567         | \$10,183,872           | 1.017              |
| 201807                | \$8,883,179          | \$8,951,655            | 1.008              |
| 201806                | \$8,967,996          | \$8,990,268            | 1.002              |
| 201805                | \$9,506,222          | \$9,532,473            | 1.003              |
| 201804                | \$8,739,699          | \$8,735,316            | 0.999              |
| 201803                | \$8,508,419          | \$8,521,294            | 1.002              |
| 201802                | \$7,888,693          | \$7,888,539            | 1.000              |
| 201801                | \$7,306,564          | \$7,320,221            | 1.002              |
| <b>Total</b>          | <b>\$110,561,511</b> | <b>\$113,263,334</b>   | <b>1.024</b>       |

Line 6 reflects medical plus dental fee-for-service (FFS) claims, adjusted for CSR and completed with IBNR. The formula is the sum of lines 2 and 4 multiplied by line 5, then adding line 3. MVP is assuming that dental claims are fully complete with two months of run-out, and therefore IBNR is not applied to these claims.

Line 7 provides the experience period incurred pharmacy claims for the rating pool. Pharmacy claims includes any claims which are paid through the pharmacy portion of the member's benefits.

Experience period Rx rebates are reflected in line 8 of Exhibit 3. These values were determined by calculating the rebates received as a percentage of Rx claim expense for each of the separate pools of data over the experience period.

| <b>Category for Rating</b> | <b>Rx Rebates</b>    | <b>Rx Claims</b>    | <b>Rebate %</b> |
|----------------------------|----------------------|---------------------|-----------------|
| ACA Compliant Small Group  | (\$2,568,656)        | \$10,925,302        | -23.5%          |
| ACA Compliant Individual   | (\$1,847,813)        | \$8,543,550         | -21.6%          |
| Small Group Grandfathered  | (\$303,260)          | \$1,084,175         | -28.0%          |
| <b>Total</b>               | <b>(\$4,719,730)</b> | <b>\$20,553,028</b> | <b>-23.0%</b>   |

Line 9 of Exhibit 3 reflects MVP's ultimate liability for pharmacy claims during the experience period, which nets manufacturer rebates from the incurred claims paid by MVP.

Lines 10 to 12 account for volatility in high cost claims. Claims in excess of \$100,000 are being removed from the claim projection and replaced by a pooling charge. The pooling charge of 12.5% was determined by computing the annual average cost of claims exceeding \$100,000 relative to claims less than \$100,000 for the eligible population for rolling 12-month time periods ending between December 2016 and December 2018.

Please see the following table for the high cost claim percentage by year. Note that while MVP actually used all of the rolling 12-month time periods during this time frame to compute the pooling charge, annual percentages are shown for simplicity:

| Time Period | High Cost Claim % |
|-------------|-------------------|
| CY2016      | 16.8%             |
| CY2017      | 13.6%             |
| CY2018      | 10.5%             |
| Average     | 12.5%             |

Line 12 of Exhibit 3 reflects MVP's the experience period FFS claim expense for the rating pool, and is calculated by summing the medical and dental FFS incurred claims completed with IBNR (line 6 of Exhibit 3), the pharmacy incurred claims net of rebates (line 9 of Exhibit 3) and the impact of pooling (sum of lines 10 and 11 of Exhibit 3).

Line 13 of Exhibit 3 reflects expenses for services such as capitations and other non-FFS medical expenses which come from MVP's General Ledger and are not processed through MVP's claims system. Please see the table below for detail on the items that comprise the capitation and non-FFS expenses reflected in MVP's experience period claims.

| Summary of Experience Period Non-FFS and Capitation Amounts |               |
|---|---------------|
| Other Medical Expenses not in claim warehouse               | \$1.07        |
| Net Reinsurance Expense                                     | \$0.36        |
| Medical Home and PCP Incentive                              | \$2.04        |
| Chiropractic and Acupuncture Cap                            | \$0.71        |
| <b>Total Non-FFS and Capitation Amounts</b>                 | <b>\$4.15</b> |

\*Note: VT Paid Claim Surcharge (0.999% of paid claims) and NY HCRA Surcharge (0.25% of paid claims) are not reflected in figures above. Line 13 of Exhibit 3 = line 12 of Exhibit 3 \* 1.249% + the applicable value shown above.

Line 14 of Exhibit 3 represents MVP's best estimate of the costs incurred to cover members in the rating pool during the experience period.

### **Market-Wide Adjustments to Experience Period Claims**

Several adjustments to the experience period incurred claim costs were necessary to adjust for items not captured in the experience period. The adjustments are explained below.

#### *Line 15- Adjustment for Average Policy Duration Reflected in Experience Period*

In past rate filings, MVP has made adjustments to the claim projection for the impact of membership not representing a full 12-month contract over the experience period. Because deductibles are present in most of these products, paid claims are suppressed in the early months of a member's contract and are higher than average in later contract months. Therefore, if the experience period membership is not evenly distributed by contract month, an adjustment to the claim costs should be made to reflect the expected claim costs for a 12-month contract period.

MVP has changed its methodology this filing to normalize the data to the historical average policy duration instead of to a full 12 months. MVP analyzed data for small groups and individuals separately going back to 2015, and the factor in the experience period is closely aligned with factors in the recent past. As a result, MVP is not making an adjustment to the claim projection to account for policyholders being enrolled for less than 12 months.

Please note that while this adjustment is not warranted for this filing, MVP believes this adjustment is necessary in certain circumstances and will review in future rate filings accordingly.

*Line 16- Adjustment for Pharmacy Benefit Carve-in*

For plans that are considered Qualified High-Deductible Health Plans (QHDHPs), certain drugs are classified as preventive and are not subject to the member's deductible. MVP will be classifying antidepressants and antipsychotic/antimanic agents as "preventive" effective January 1, 2020.

Quantifying the effect of this benefit change takes place in two steps. First, MVP analyzed 2018 pharmacy claims that fall under those categories. In the experience period, QHDHP members spent \$79,784 under their deductible for these drugs, which was then converted to a PMPM amount using total membership for each cohort in the experience period. These amounts are \$0.11 for individual, \$0.31 for small group ACA and \$0.81 for small grandfathered and are reflected on line 16.

The second step was to adjust the benefit actuarial values to ensure that this load was only applied to QHDHPs. MVP adjusted the historical data in its benefit relativity model to capture these drugs as preventive before the benefit AVs were calculated. This loads the cost of covering the preventive drugs discussed above onto just the QHDHPs, as those plans have a higher relativity in the rating period than they did in the experience period.

*Line 17- Adjustment for Pediatric Dental Carve-in to Small Group Grandfathered*

As stated earlier, pediatric dental was not a covered benefit for small group grandfathered plans during the experience period. Therefore, MVP is adjusting the experience period claim expense for this cohort by the experience period pediatric dental claim cost for the combined small group and individual population.

*Line 18- Adjustment for Individual Mandate Penalty Set to \$0*

The federal government eliminated the financial penalty for individuals not having qualifying health insurance coverage in December 2017. It was assumed that a portion of members with claim costs that are significantly less than their premium would exit the market due to the lack of a financial penalty. As healthier members drop coverage, the overall cost of the market would increase as the remaining members are higher utilizers of their health coverage.

Based on data provided by the Department of Vermont Health Access (DVHA), individual enrollment in January 2019 was unaffected by the removal of the penalty. MVP has removed this market-wide adjustment from the premium rates for 2020.

There is uncertainty as to whether a future financial penalty will be implemented at the state level. Until that penalty is signed into law, MVP will continue to monitor future experience for the impact that a lack of penalty could have on the morbidity level of the market.

*Line 19- Adjustment for Association Health Plans*

On June 19, 2018, the federal Department of Labor published guidance allowing small groups to band together to purchase coverage as if they were one larger group (provided they are banding based on geography or industry). The Vermont Department of Financial Regulation established a market and rules for these Association Health Plans (AHPs) under Rule I-2018-01.

Based on January 2019 enrollment data provided by DVHA, there were 4,869 fewer members in small group plans as compared to January 2018. The appeal of AHPs is that healthier small groups can attain premium savings by banding together, which will result in a deterioration of the morbidity of the remaining small group block.

To verify this hypothesis, MVP broke its 2018 small group population into 2 subsets: those that are in groups still active with MVP in the small group market in 2019 and those in groups no longer active. Because MVP does not have detailed information on *where* the groups that left have gone, our assumption is that all of the groups who left migrated to the AHP market since MVP’s competitive premium position in 2019 did not change. Based on allowed claims PMPM, the groups that are no longer active are 7.1% less expensive than the 2018 merged market population in total.

| Population Segment             | 2018 Member Months | 2018 Med + Rx Allowed PMPM |
|--------------------------------|--------------------|----------------------------|
| Small Groups, No Longer Active | 14,116             | \$428.73                   |
| Small Groups, Still Active     | 158,642            | \$468.30                   |
| Individual, Total              | 130,575            | \$456.93                   |
| Merged Market, Total           | 303,333            | \$461.57                   |

In order to make an assessment about the change in population morbidity market-wide (as opposed to MVP specifically), MVP made the assumption that this relationship holds true for MVP’s competitor as well. MVP assumed that the 4,869 members leaving the market in 2019 were 7.1% less expensive. MVP then solved for the “market morbidity” factor after removing these members from the population.

|  |
|--|
| <b>Derivation of Association Health Plan Morbidity Impact, 2018 - 2019</b> |
|--|

|   |        |   |
|---|--------|---|
| a) Merged Market Members, January 2018            | 79,652 |   |
| b) Morbidity Factor, 2018 Merged Market           | 1.000  |   |
| c) SG AHP Members, January 2019                   | 4,869  |   |
| d) Morbidity Factor, SG AHP Members               | 0.929  |   |
| e) Estimated Morbidity Factor, 2019 Merged Market | 1.005  | = [ a ) * b ) - c ) * d ) ] / [ a ) - c ) ] |

As these healthy groups are removed from the population and market claim costs increase, more groups will find the premium savings appealing and MVP is assuming that the same number of members will exit the market in 2020 and that those members will have the same relative morbidity.

|  |
|--|
| <b>Derivation of Association Health Plan Morbidity Impact, 2019 - 2020</b> |
|--|

|   |        |   |
|---|--------|---|
| a) Merged Market Members, January 2019            | 75,037 |   |
| b) Morbidity Factor, 2019 Merged Market           | 1.005  |   |
| c) Estimated SG AHP Members, January 2020         | 4,869  |   |
| d) Morbidity Factor, SG AHP Members               | 0.929  |   |
| e) Estimated Morbidity Factor, 2020 Merged Market | 1.010  | = [ a ) * b ) - c ) * d ) ] / [ a ) - c ) ] |

Therefore, MVP is assuming a 1.0% increase to market-wide average morbidity due to Association Health Plans from the experience period to the rating period. MVP recognizes that a recent ruling by the Department of Financial Regulation has halted new group enrollment in AHPs pending litigation on the federal rule. Should that litigation be finalized during the rate filing process, MVP will revisit this assumption dependent on the outcome of the ruling. However, at this point MVP’s best estimate is that AHPs will be allowed in 2020 without the current cap on enrollment.

*Line 20- Adjustment for Leap Year*

Because the rating period is a leap year and the experience period is not a leap year, the rating period will have one more day than the experience period. Assuming claims are uniformly distributed among all days in the year, MVP is adjusting the experience period claim expense upward by 0.27% (366 days / 365 days).

*Line 21- Adjustment for National High Cost Reinsurance Pool*

In the 2018, 2019 and 2020 Notice of Benefit and Payment Parameters issued by HHS, carriers will be compensated 60% for members' paid claims above \$1 million in a given plan year. The total reinsurance received across all states will be aggregated and compared to the national average premium PMPM to determine a percentage of premium charged to each issuer to fund the program. Based on additional guidance provided, Vermont's merged market will be considered in the individual market for purposes of the pool.

Based on a national study performed by Wakely Consulting Group, the estimate of the load charged to individual issuers in 2020 will be 0.24%. MVP has not had any claimants above \$1 million in this block of business since 2014 and does not anticipate any claimants for the rating period, so the net load for MVP would be the full 0.24% shown on line 21.

**Medical Trend Factors**

The development of annual medical paid claim trend factors for 2019 and 2020 is illustrated in Exhibit 2a.

For VT providers whose contractual reimbursement changes are governed by the GMCB, MVP is reflecting the GMCB's most recently approved budgeted changes as the unit cost trend. For VT providers not governed by the GMCB and non-VT providers, MVP is reflecting its best estimate of unit cost changes. Total allowed unit cost trend is 4.3% for 2019 and 4.2% for 2020.

MVP analyzed historical medical utilization trends for its VT block of business and determined that the data has been too volatile in recent years to include medical utilization trend in this filing. MVP attributes this volatility to the significant membership growth for this block of business. Historical utilization was analyzed by performing a time series analysis of rolling 12-month time periods normalized for demographic changes. This analysis provided volatile results which resulted in MVP applying a medical utilization trend of 0% for this filing.

In addition to the medical cost inflation rate assumed from the historical experience period to the rating period, an adjustment is needed to reflect the impact of cost share leveraging on the carrier's share of the medical cost. Leveraging is a result of the fixed nature of deductibles and copays in health benefit plans. When there are fixed member deductibles and copays, the carrier bears a greater portion of the cost of medical inflation. Therefore, an additional factor adjustment is made to the trend assumption to capture this cost.

The trend applied to the deductible portion of the experience period was derived using the distribution of claims for MVP's entire book of business (consistent with the data in MVP's benefit relativity model). Claims below the average deductible amount over the experience period were trended at the applicable allowed trend rate while claims greater than the deductible were held flat.

The average annual allowed trend factor applied to FFS medical claims in this filing is 4.2%. The annual paid leveraging factor is 0.5% which results in an average annual paid FFS medical trend of 4.8%. This can be found on line 23 of Exhibit 3.

### **Rx Trend Factors**

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are illustrated in Exhibit 2a. The trend forecast provided by MVP's PBM was determined using MVP's Vermont commercial data by drug class. The forecasts provided by MVP's PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers.

Supporting documentation illustrating how the Rx trends shown on Exhibit 2a were converted to paid trends for 2019 and 2020 can be found in Exhibit 2b.

MVP received 2020 forecasted Rx rebate information from its PBM which is reflected in the projected Rx rebate calculation. Separate rebate per script information has been provided for brand and specialty drugs. These amounts were applied to MVP's projection period brand and specialty script utilization to obtain a PMPM estimate of the rebates in the projection period and equals \$17.11 PMPM across all blocks in 2020.

The average annual allowed Rx trend in this filing is 8.2%, and the average annual paid Rx trend net of Rx rebates is 9.6% which can be found in line 24 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 25 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 21, the following calculation is performed: [ line 6 \* line 19 + line 9 \* line 20 ] / [ line 6 + line 9 ]. The annual trend is then applied for 24 months to move the experience period data from the experience period to the rating period, and the rating period FFS claim expense on a PMPM basis is reflected in line 27 of Exhibit 3.

### **Paid Claim Surcharges, Capitation, and Non-FFS PMPM Projection**

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 28 and 29 of Exhibit 3 represent MVP's best estimate of these costs in the projection period. Capitation and non-FFS expenses that were included in the experience period claims which will not be covered in the projection period have been removed. A summary of the expenses driving the capitation and non-FFS expenses in line 29 can be found below. Expenses captured in the "Other Medical Expense not in warehouse" line include: student out of area charges, a surcharge levied by the state of Massachusetts, and manual checks.

| <b>Summary of Rating Period Non-FFS and Capitation Amounts</b> |               |
|--|---------------|
| Other Medical Expenses not in claim warehouse                  | \$1.71        |
| Net Reinsurance Expense  | \$0.36        |
| Medical Home and PCP Incentive                                 | \$3.86        |
| Chiropractic and Acupuncture Cap                               | \$0.71        |
| <b>Total Non-FFS and Capitation Amounts</b>                    | <b>\$6.64</b> |

The NYS HCRA Surcharge of 0.25% included in these rates reflects the historical average amount of this surcharge for MVP's VT members. MVP is assuming that the VT paid claim surcharge will remain unchanged in 2020 and equal 0.999%.

### **Federal Risk Adjustment Program**

Based on the Interim Risk Transfer results for 2018 provided by CMS, MVP is expected to pay \$16,331,243 into the merged market transfer pool for 2018. This is \$53.84 on a PMPM basis or approximately 14.6% of experience period claims prior to market-wide adjustments.

MVP analyzed the impact of adding the small group grandfathered membership to both MVP’s membership as well as the market in total. First, MVP compared the small group grandfathered population’s risk score to the current population. Because the grandfathered business was not run through the CMS HCC grouper, MVP used ACG concurrent risk scores for 2018 to compare the two populations. An assumed CMS HCC risk score for the grandfathered population was calculated as ( MVP merged market HCC risk score ) \* ( grandfathered ACG risk score ) / ( MVP merged market ACG risk score ).

Both the numerator and denominator of the federal risk adjustment formula were re-cast including the grandfathered business. The members did not have a material impact on the denominator (market in total), but did increase the numerator (MVP’s data) on both the left and right side. Because both sides increased at the same rate, however, it did not materially affect MVP’s relative risk position. Therefore, we are assuming that the grandfathered population would pay into risk adjustment at the same PMPM level as the entire block currently does.

**Plan Level Adjustments / Plan Specific Net and Gross Index PMPM rates**

Line 32 of Exhibit 3 represents MVP’s projected paid index rate after adjustments for the single risk pool in 2020. This is the starting net claim cost that will be used to set 2020 premium rates. Gross Index rates and contract tier rates are calculated in Exhibit 7. The plan specific net claim cost for each plan is computed as follows on Exhibit 7:

$$\text{Adjusted Claim Cost For Pricing (see Exhibit 7)} = \frac{\text{Projected Paid Index Rate After Adjustments PMPM (line 32 of Exhibit 3)}}{[\text{Avg Inforce Actuarial Value} * \text{Induced Utilization Factor}]}$$

$$\text{Plan Specific Net Claim Cost PMPM (see Exhibit 7)} = \text{Adjusted Claim Cost for Pricing} * \text{Benefit Actuarial Value} * \text{Plan Induced Utilization Factor}$$

The Plan Specific Gross Claim Cost PMPM for each plan is derived by making adjustments to the Plan Specific Net Claim Cost PMPM which account for Benefits in Excess of EHBs, PMPM non-claim expense loads, and percent of premium non-claim expense loads.

**Actuarial Values and Induced Utilization Factors**

The AV Metal Level for each plan was determined using the Federally-prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard plans. The actuarial certification of these adjustments has been included as an attachment to this filing in SERFF.

The Benefit Actuarial Value for each plan was determined using MVP’s in house benefit relativity model. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design.

The induced utilization factors used to set premium rates and compute the average inforce induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum. The experience period actuarial value times induced demand factor (0.744) can be found in Exhibit 7.

**Non Claim Expense Plan Level Adjustments**

Non claim expenses include both percent of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non Standard plan is being loaded with the same PMPM and Percent of Premium loads. The loads are outlined below and summarized in Exhibit 5.

*Federal Taxes PMPM based*

A total of \$0.17 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of the risk adjustment user fee levied by the Department of Health and Human Services. This reflects an increase of \$0.03 PMPM from the prior filing and is based on information provided in CMS' National Benefit and Payment Parameters for 2020. The charge is \$0.18 per billable member per month, and so the amount added to premium rates is the \$0.18 times MVP's ratio of billable to actual member months in the experience period (0.946).

*State Taxes PMPM Based*

\$1.93 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by state agencies and other non-profit organizations on MVP's behalf, including the Green Mountain Care Board, the Vermont Program for Quality in Health Care, Inc. and the Office of the Health Care Advocate. MVP's total liability (MVPHP plus MVPHIC) for Fiscal Year 2019 is \$351,394. Due to MVP's rapid membership growth from 2017 to 2019 as well as changes to funding mechanisms for each of the programs, MVP is estimating its combined liability for 2020 to be \$758,553. This is spread across MVP's entire Vermont membership as of February 2019 to calculate the estimated PMPM payment.

*Federal Taxes Premium based*

Based on current Federal regulations, the ACA Health Insurer Tax will be reinstated for 2020. MVP has calculated its estimated payment for 2020 and found it to be 1.0% of premium for MVPHP.

*State Taxes Premium based – VT Vaccine Assessment*

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$4.54 per covered child and \$0.56 covered adult for January to March 2020, followed by an estimate of \$10.07 per covered child and \$1.02 per covered adult thereafter. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs are \$0.98 for the first quarter of 2020 followed by \$1.97 PMPM for the final three quarters. MVP blended those two PMPMs together by applying 25% weight to the first quarter and 75% weight to the final three quarters. This blended PMPM was then compared to the projection period premium PMPM before the assessment load (\$555.07) to convert the assessment to a percent of premium load of 0.30%.

*General Administrative Expense Load (Including QI component)*

The total administrative expense load included as a plan level adjustment equals \$42.00 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's 2018 Supplemental Health Care Exhibit (SHCE) expenses, approximately 6% of MVP's total administrative expense was spent on QI. Therefore, \$2.52 PMPM of the \$42.00 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2016, 2017, and 2018 SHCEs.

| <b>Combined VT AR42 and AR44</b> | <b>Year</b> | <b>SHCE Admin PMPM*</b> |
|----------------------------------|-------------|-------------------------|
| Individual                       | 2016        | \$43.81                 |
| Small Group                      | 2016        | \$38.07                 |
| Combined                         | 2016        | \$40.51                 |
| Individual                       | 2017        | \$38.54                 |
| Small Group                      | 2017        | \$40.72                 |
| Combined                         | 2017        | \$39.59                 |
| Individual                       | 2018        | \$42.78                 |
| Small Group                      | 2018        | \$39.29                 |
| Combined                         | 2018        | \$40.72                 |

*\*Reflects lines 1.07, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1*

### *Contribution to Reserves/Risk Charge*

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2020. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

### *Bad Debt Expense*

A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk.

### **Rider FRVT366 (Wellness Benefit in Addition to EHBs)**

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT366). This is an enhancement to the current wellness benefit whereby primary subscribers can earn up to \$600 in wellness-related rewards and/or be reimbursed for wellness-related activities. MVP projects the net cost of this benefit to equal \$0.88 PMPM.

### **Catastrophic Plan Adjustment**

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan.

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.636 and is reflected in the "Induced Utilization Factor" adjustment of Exhibit 7 for this plan.

| <b>Catastrophic Plan Level Adjustment</b>    |                       |
|--|-----------------------|
|  | <b>HHS Age Factor</b> |
| Ages 0-29, Meeting Subscriber Qualifications | 1.048                 |
| Single Risk Pool Total                       | 1.647                 |
| <hr/>  |                       |
| Catastrophic Adjustment                      | 0.636                 |

### **Per Contract Premium Rates**

The Plan Specific Gross Claim Cost PMPMs computed in Exhibit 7 are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2019. The SCF = weighted average contract size/ weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

**Silver CSR Loading**

As stated previously, the Federal government has cancelled reimbursement of incurred claims under the CSR program effective October 2017. However, members are still eligible for the reduced cost sharing plans in the program, which will have to be covered by increasing premiums. The state of Vermont’s solution to this problem was to create two sets of Silver plans: one set for non-CSR members with premiums that do not reflect the CSR defunding and one set for CSR members which reflect the CSR defunding in the premium. This was done so that the second-lowest cost Silver plan on the exchange would have an increased premium, which is the plan used to determine how much lower-income members will receive in premium subsidies through the federal Advance Premium Tax Credits (APTC) program. That way, premium increases for CSR defunding will be met with corresponding increases in APTC subsidies and the net policyholder premium increase will be minimized.

Total subsidies under the federal CSR program were \$5,064,694 during the experience period. In order to determine the expected federal subsidy outlay during the rating period, experience period federal CSR dollars by CSR level are re-weighted based on actual February 2019 membership as this calculation reflects MVP’s best estimate of the members expected to enroll in on-Exchange Silver plans during the rating period. Please see the following table which details this calculation:

| CSR Level    | Federal CSR Dollars | CSR Membership, Experience Period | Federal CSR PMPM | Projected CSR Member Months | Projected CSR Dollars |
|--------------|---------------------|-----------------------------------|------------------|-----------------------------|-----------------------|
| Non-CSR APTC | \$0                 | 54,879                            |                  | 11,976                      | \$0                   |
| 73% CSR      | \$0                 | 8,678                             |                  | 4,908                       | \$0                   |
| 77% CSR      | \$411,365           | 17,016                            | \$24.18          | 15,504                      | \$374,812             |
| 87% CSR      | \$3,060,250         | 27,689                            | \$110.52         | 33,672                      | \$3,721,504           |
| 94% CSR      | \$1,593,080         | 10,427                            | \$152.78         | 12,108                      | \$1,849,910           |
| TOTAL        | \$5,064,694         | 118,689                           | \$42.67          | 78,168                      | \$5,946,226           |
|              |                     |                                   |                  | Projected CSR PMPM          | \$76.07               |

This amount was then completed with IBNR and trended at 1.6% for 24 months to get to a projected CSR load of \$80.39 PMPM for the rating period. The 1.6% trend reflects the allowed trend for claims between the average CSR deductible and the average deductible of the non-subsidized plan. This amount can be found in line 8 of Exhibit 6 of the rate filing as well as in the rate buildup of the on-exchange Silver plans.

**Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 88.6%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 90.6%. Please see the following table for a calculation of these loss ratios based on MVP’s projected starting claim cost in 2020:

**Target Loss Ratio for 2020 VT Exchange**

|  |          |
|--|----------|
| A) Claims Expense                                | \$479.42 |
| B) Taxes/Assessments                             | \$9.13   |
| C) Quality Improvement                           | \$2.52   |
| D) Premium                                       | \$540.83 |
| E) Traditional Loss Ratio<br>= A) / D)           | 88.6%    |
| F) Federal Loss Ratio<br>= [A) + C)] / [D) - B)] | 90.6%    |

Please see the table below for a summary of the experience period loss ratios for the separate pools of data. This table includes estimated risk adjustment based on the CMS Interim Risk Adjustment results. MVP does not anticipate having to rebate members for 2018 per the ACA minimum MLR requirements.

| VT Data Pool                              | Member Months | Claims Net RA PMPM | Earned Premium PMPM | Taxes / Assessments PMPM | Quality Improvement Expense | Traditional Loss Ratio | Federally Adjusted Loss Ratio |
|---|---------------|--------------------|---------------------|--------------------------|-----------------------------|------------------------|-------------------------------|
| ACA Compliant Small Group                 | 172,758       | \$432.70           | \$475.57            | \$8.50                   | \$2.24                      | 91.0%                  | 93.1%                         |
| ACA Compliant Individual                  | 130,575       | \$438.56           | \$456.59            | \$8.21                   | \$2.36                      | 96.1%                  | 98.3%                         |
| Small Group + Individual Single Risk Pool | 303,333       | \$435.22           | \$467.40            | \$8.37                   | \$2.29                      | 93.1%                  | 95.3%                         |

**Actuarial Dataset, Rate Increase Exhibit, URRT, and Federal Memorandum**

Also included with this rate filing are L&E’s Actuarial Dataset, a projection of rate increases for ACA compliant subscribers as of February 2019, the Federal URRT, and the Federal Actuarial Memorandum.

*Projection Period Enrollment*

MVP’s projection period membership equals the February 2019 enrollment of the population eligible to purchase these products, or 30,887 members. On Worksheet 2 of the URRT, members are mapped based on their February 2019 benefit to the same benefits for 2019 with the exception of members currently enrolled in small group grandfathered plans. Members from grandfathered benefit VT3HDH19EXSE are mapped to Non-Standard Silver 2 Reflective plan, and the rest of the members are mapped to the Non-Standard Gold 3 plan. These were chosen based on the Exchange QHDHP that is most similar in benefit to the current benefit design.

**Actuarial Certification**

I, Eric Bachner, am an Associate of the Society of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP’s requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be show in Worksheet 2 of the Part I Unified Rate Review template for all the plans.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010. The proposed premium rates were developed based on currently approved State and Federal regulations and statutes. If modifications are made to State or Federal regulations or statutes for the 2020 plan year after this filing is submitted, including but not limited to changes to the enforcement of the individual mandate or changes to rules around selling across state lines or association groups, the proposed premium rates may not be reasonable relative to the benefits being offered and could result in inadequate premium rates. If such modifications are made, MVP will pursue an adjustment to the proposed premium rates to reflect the regulations and statutes that will be in place for the 2020 plan year.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.



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Eric Bachner, ASA  
Leader, Actuarial, Commercial/Gov't Programs  
MVP Health Care, Inc.

05/10/2019  
Date

Please provide Company specific inputs for any cells shaded in blue that currently has dummy variables.

**Purpose, Scope, and Reason for Rate Increase**

|                         |                       |
|-------------------------|-----------------------|
| Insurance Company Name  | MVP Health Plan, Inc. |
| HIOS ID                 | 77996                 |
| SERFF Filing Number     | MVPH-131934219        |
| Date of Submission      | 5/10/2019             |
| Proposed Effective Date | 1/1/2020              |

|                    |                        |
|--------------------|------------------------|
|                    | Average Annual Premium |
| Before Rate Change | \$6,108                |
| After Rate Change  | \$6,681                |

|                              | Amount in SERFF's Rate Review Detail Section | Explanation for differences |
|------------------------------|--|-----------------------------|
| Proposed Overall Rate Change | 9.38%  | 9.38% N/A                   |
| Proposed Minimum Rate Change | 4.95%  | 4.95% N/A                   |
| Proposed Maximum Rate Change | 23.69%                                       | 23.69% N/A                  |

If the difference between the maximum and minimum rate increase is greater than 10%, Provide a statement and clear delineation of contributing factors explaining why certain individual will receive a rate decrease as low as the minimum while others will face rate increases as high as the maximum

The plan that is receiving a 23.7% increase is a plan which has undergone major benefit changes to increase the benefit AV of the plan. Also, the CSR load applied to the Silver On Exchange plans is decreasing from last year, which is pushing those plans' increases down. Increases

**Relationship of Proposed Rate Scale to Current Rate Scale:**

Provide a detailed breakdown of the average rate change from the previous approved filing by using the chart below to itemize the drivers of the average rate change. The table should include the previous assumption, current assumption, and the resulting change. Include additional lines as necessary.

| Source of Change  | Previous filing | Current Filing | Relativity                       |
|---|-----------------|----------------|----------------------------------|
|   | Assumption      | Assumption     | Current Filing / Previous filing |
| Base Period Experience  | 1.000           | 1.070          | 1.070                            |
| Impact of Policy Duration on Experience                               | 1.007           | 1.000          | 0.993                            |
| Impact of Leap Year on Experience                                     | 1.000           | 1.003          | 1.003                            |
| Impact of Rx Benefit Curve-In   | 1.001           | 1.001          | 1.000                            |
| Impact of Individual Mandate Repeal                                   | 1.016           | 1.000          | 0.984                            |
| Impact of Association Plans   | 1.000           | 1.010          | 1.010                            |
| Adjustment for pediatric dental carve-in to Small Group Grandfathered | 1.000           | 1.000          | 1.000                            |
| Adjustment for National Reinsurance                                   | 1.000           | 1.002          | 1.002                            |
| Pricing Trend   | 1.106           | 1.118          | 1.010                            |
| Risk Adjustment Recoveries  | 1.105           | 1.146          | 1.037                            |
| Change in Experience Period AV  | 0.979           | 1.000          | 1.021                            |
| SG&A  | 1.067           | 1.065          | 0.998                            |
| Taxes and Fees (PMPM Basis)   | 1.002           | 1.003          | 1.001                            |
| Taxes and Fees (% of Premium Basis)                                   | 1.000           | 1.013          | 1.013                            |
| Margin  | 1.009           | 1.022          | 1.013                            |
| Single Conversion Factor  | 1.092           | 1.091          | 0.999                            |
| CSR Defunding   | 1.042           | 1.034          | 0.993                            |
| Benefit Mix Impact  | 1.000           | 0.946          | 0.946                            |
| <b>Total Rate Change</b>  |                 |                | 1.094                            |

If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B17

N/A

**Annual Rate Change Distribution**

|                               | Impacted # of Contracts | Impacted # of Members | Impacted # of Groups, If applicable |
|-------------------------------|-------------------------|-----------------------|-------------------------------------|
| Reduction of 15.00% or more   | 0                       | 0                     | 0                                   |
| Reduction of 10.01% to 14.99% | 0                       | 0                     | 0                                   |
| Reduction of 5.01% to 10.00%  | 0                       | 0                     | 0                                   |
| Reduction of 0.01% to 5.00%   | 0                       | 0                     | 0                                   |
| No Change                     | 0                       | 0                     | 0                                   |
| Increase of 0.01% to 5.00%    | 467                     | 645                   | 39                                  |
| Increase of 5.01% to 10.00%   | 9,771                   | 14,444                | 1,107                               |
| Increase of 10.01% to 14.99%  | 9,674                   | 15,424                | 1,422                               |
| Increase of 15.00% or more    | 244                     | 374                   | 42                                  |
| Total                         | 20,156                  | 30,887                | 2,610                               |

**History of Rate Changes**

| For Year | Average Annual Proposed Rate Change | Average Annual Approved Rate Change |
|----------|-------------------------------------|-------------------------------------|
| 2016     | 3.00%                               | 2.37%                               |
| 2017     | 8.93%                               | 3.89%                               |
| 2018     | 6.74%                               | 3.42%                               |
| 2019     | 10.88%                              | 6.63%                               |

**Retention**

|                            | PMPM in effect during the experience period<br>Dates: 1/1/2018 - 12/31/2018 | PMPM from Most Recent Approved Rate Filing<br>1/1/2019 - 12/31/2019 | Proposed PMPM for Effective Date<br>1/1/2020-12/31/2019 | Proposed Change in PMPM Compared to Prior 12 months | Proposed Change in PMPM Compared to Most Recently Approved Filing |
|----------------------------|---|---|---|---|---|
| Commissions & Brokers Fees | \$0.00  | \$0.00  | \$0.00  |   |   |
| Taxes, Licenses & Fees     | \$7.25  | \$1.06  | \$9.34  | 28.76%  | 781.11%   |
| Exchange Fee               | \$0.00  | \$0.00  | \$0.00  |   |   |
| Reinsurance                | \$0.00  | \$0.00  | \$0.00  |   |   |
| All Other Admin Expense    | \$38.10   | \$39.80   | \$42.00   | 10.24%  | 5.53%   |
| Profit/Risk Margin         | \$11.05   | \$9.68  | \$10.58   | -4.23%  | 9.30%   |
| Total                      | \$56.40   | \$50.54   | \$61.92   | 9.79%   | 22.52%  |
| Variable                   | \$29.56   | \$26.36   | \$31.54   | 6.69%   | 19.64%  |
| Non-Variable               | \$26.84   | \$24.18   | \$30.38   | 13.20%  | 25.65%  |
| Total                      | \$56.40   | \$50.54   | \$61.92   | 9.79%   | 22.52%  |
| Check                      | TRUE  | TRUE  | TRUE  |   |   |

|                            | As % of Premium during the experience period | As % of Premium from Most Recent Approved Rate Filing | Proposed As % of Premium for Effective Date | Proposed Change in % of Premium Compared to Prior 12 months | Proposed Change in % of Premium Compared to Most Recently Approved Filing |
|----------------------------|--|---|---|---|---|
| Commissions & Brokers Fees | 0.00%  | 0.00%   | 0.00%                                       |   |   |
| Taxes, Licenses & Fees     | 1.58%  | 0.21%   | 1.68%                                       | 6.43%   | 706.15%   |
| Exchange Fee               | 0.00%  | 0.00%   | 0.00%                                       |   |   |
| Reinsurance                | 0.00%  | 0.00%   | 0.00%                                       |   |   |
| All Other Admin Expense    | 8.28%  | 7.81%   | 7.54%                                       | -8.88%  | -3.45%  |
| Profit/Risk Margin         | 2.40%  | 1.90%   | 1.90%                                       | -20.83%   | 0.00%   |
| Total                      | 12.25%                                       | 9.92%   | 11.12%                                      | -9.25%  | 12.09%  |
| Variable                   | 6.42%  | 5.17%   | 5.68%                                       | -11.81%   | 9.47%   |
| Non-Variable               | 5.83%  | 4.75%   | 5.46%                                       | -6.43%  | 14.96%  |
| Total                      | 12.25%                                       | 9.92%   | 11.12%                                      | -9.25%  | 12.09%  |
| Check                      | TRUE   | TRUE  | TRUE  |   |   |

**Trend & Projection Assumptions**

Historical Experience (ACA Only): Incurred or Allowed Basis<sup>(1)</sup>: **Incurred** (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

| Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only) | Month  | Member Months | Monthly Incurred Claims \$ PMPM* | Rolling 12 Mo Trend | Annualized Rolling 6 Mo Trend | Annualized Rolling 3 Mo Trend | Average Benefit Factor | Average Age/Gender Factor | Other Factor | Normalized Monthly Incurred Claims \$ |                                | Normalized Annualized Rolling 6 Mo Trend |  | Normalized Annualized Rolling 3 Mo Trend |
|--|--------|---------------|----------------------------------|---------------------|-------------------------------|-------------------------------|------------------------|---------------------------|--------------|---------------------------------------|--------------------------------|--|--|--|
|  |        |               |                                  |                     |                               |                               |                        |                           |              | PMPM*                                 | Normalized Rolling 12 Mo Trend | Normalized Annualized Rolling 6 Mo Trend | Normalized Annualized Rolling 3 Mo Trend |  |
| Jan-2016   | 6,836  | \$232.92      |                                  |                     |                               |                               | 1.00                   | 1.00                      | 1.00         | \$232.92                              |                                |  |  |  |
| Feb-2016   | 6,018  | \$353.48      |                                  |                     |                               |                               | 1.00                   | 1.00                      | 1.00         | \$353.01                              |                                |  |  |  |
| Mar-2016   | 6,513  | \$314.09      |                                  |                     |                               |                               | 1.01                   | 1.01                      | 1.00         | \$310.29                              |                                |  |  |  |
| Apr-2016   | 6,698  | \$323.18      |                                  |                     |                               |                               | 1.00                   | 1.01                      | 1.00         | \$319.81                              |                                |  |  |  |
| May-2016   | 6,903  | \$331.97      |                                  |                     |                               |                               | 1.01                   | 1.01                      | 1.00         | \$328.37                              |                                |  |  |  |
| Jun-2016   | 7,061  | \$335.11      |                                  |                     |                               | 44.43%                        | 1.01                   | 1.01                      | 1.00         | \$330.97                              |                                |  | 40.83%                                   |  |
| Jul-2016   | 7,134  | \$395.96      |                                  |                     |                               | 34.09%                        | 1.01                   | 1.00                      | 1.00         | \$391.60                              |                                |  | 32.22%                                   |  |
| Aug-2016   | 7,164  | \$400.52      |                                  |                     |                               | 85.74%                        | 1.01                   | 1.00                      | 1.00         | \$396.46                              |                                |  | 85.75%                                   |  |
| Sep-2016   | 7,235  | \$366.58      |                                  |                     |                               | 89.88%                        | 1.01                   | 1.00                      | 1.00         | \$363.51                              |                                |  | 90.93%                                   |  |
| Oct-2016   | 7,250  | \$356.92      |                                  |                     |                               | 24.43%                        | 1.01                   | 1.00                      | 1.00         | \$355.12                              |                                |  | 26.17%                                   |  |
| Nov-2016   | 7,290  | \$389.05      |                                  |                     |                               | -6.70%                        | 1.01                   | 1.00                      | 1.00         | \$387.41                              |                                |  | -4.71%                                   |  |
| Dec-2016   | 7,525  | \$404.16      |                                  |                     | 48.38%                        | -4.02%                        | 1.01                   | 0.99                      | 1.00         | \$405.55                              |                                | 49.18%                                   | -0.82%                                   |  |
| Jan-2017   | 9,781  | \$265.54      |                                  |                     | 12.10%                        | -21.56%                       | 1.02                   | 1.01                      | 1.00         | \$275.92                              |                                | 12.16%                                   | -22.54%                                  |  |
| Feb-2017   | 10,303 | \$243.35      |                                  |                     | -10.36%                       | -55.97%                       | 1.02                   | 1.02                      | 1.00         | \$233.74                              |                                | -10.85%                                  | -58.74%                                  |  |
| Mar-2017   | 11,249 | \$348.81      |                                  |                     | -15.09%                       | -65.33%                       | 1.03                   | 1.02                      | 1.00         | \$330.88                              |                                | -17.24%                                  | -70.70%                                  |  |
| Apr-2017   | 11,325 | \$280.47      |                                  |                     | -23.98%                       | -52.78%                       | 1.03                   | 1.02                      | 1.00         | \$266.40                              |                                | -27.14%                                  | -59.43%                                  |  |
| May-2017   | 11,393 | \$329.85      |                                  |                     | -30.53%                       | 25.33%                        | 1.03                   | 1.02                      | 1.00         | \$313.63                              |                                | -34.60%                                  | 11.41%                                   |  |
| Jun-2017   | 11,435 | \$335.82      |                                  |                     | -37.28%                       | 31.89%                        | 1.03                   | 1.02                      | 1.00         | \$319.11                              |                                | -42.31%                                  | 28.14%                                   |  |
| Jul-2017   | 11,593 | \$310.31      |                                  |                     | -27.42%                       | 53.47%                        | 1.03                   | 1.02                      | 1.00         | \$294.63                              |                                | -33.08%                                  | 52.24%                                   |  |
| Aug-2017   | 11,703 | \$339.01      |                                  |                     | -4.97%                        | 11.35%                        | 1.03                   | 1.02                      | 1.00         | \$321.43                              |                                | -11.88%                                  | 11.14%                                   |  |
| Sep-2017   | 11,727 | \$340.15      |                                  |                     | -5.06%                        | 19.57%                        | 1.03                   | 1.02                      | 1.00         | \$323.59                              |                                | -10.22%                                  | 19.24%                                   |  |
| Oct-2017   | 11,763 | \$351.78      |                                  |                     | 10.67%                        | 24.63%                        | 1.03                   | 1.02                      | 1.00         | \$334.85                              |                                | 6.32%                                    | 24.78%                                   |  |
| Nov-2017   | 11,675 | \$415.96      |                                  |                     | 25.23%                        | 59.81%                        | 1.03                   | 1.02                      | 1.00         | \$397.67                              |                                | 22.47%                                   | 62.51%                                   |  |
| Dec-2017   | 11,597 | \$367.09      |                                  | -6.36%              | 34.43%                        | 72.81%                        | 1.03                   | 1.01                      | 1.00         | \$352.59                              | -10.11%                        | 34.33%                                   | 77.60%                                   |  |
| Jan-2018   | 25,019 | \$273.90      |                                  | -8.32%              | 18.23%                        | -14.33%                       | 1.01                   | 1.03                      | 1.00         | \$262.10                              | -11.77%                        | 19.09%                                   | -11.72%                                  |  |
| Feb-2018   | 25,021 | \$296.25      |                                  | -4.72%              | 0.86%                         | -56.11%                       | 1.01                   | 1.03                      | 1.00         | \$284.05                              | -7.98%                         | 2.32%                                    | -55.14%                                  |  |
| Mar-2018   | 25,121 | \$315.36      |                                  | -6.31%              | -0.73%                        | -62.90%                       | 1.01                   | 1.03                      | 1.00         | \$302.61                              | -8.98%                         | 0.88%                                    | -62.53%                                  |  |
| Apr-2018   | 25,026 | \$351.35      |                                  | -2.86%              | -5.77%                        | -11.17%                       | 1.01                   | 1.03                      | 1.00         | \$337.91                              | -5.17%                         | -4.02%                                   | -10.23%                                  |  |
| May-2018   | 25,101 | \$387.13      |                                  | -0.63%              | -11.41%                       | 86.70%                        | 1.01                   | 1.03                      | 1.00         | \$372.59                              | -2.51%                         | -9.77%                                   | 88.93%                                   |  |
| Jun-2018   | 25,200 | \$359.70      |                                  | 0.20%               | -12.78%                       | 136.48%                       | 1.01                   | 1.03                      | 1.00         | \$346.89                              | -1.22%                         | -11.35%                                  | 140.81%                                  |  |
| Jul-2018   | 25,341 | \$365.19      |                                  | 3.45%               | 5.90%                         | 77.78%                        | 1.01                   | 1.03                      | 1.00         | \$352.14                              | 2.46%                          | 7.57%                                    | 80.43%                                   |  |
| Aug-2018   | 25,424 | \$411.06      |                                  | 6.73%               | 25.81%                        | 35.12%                        | 1.01                   | 1.03                      | 1.00         | \$396.53                              | 6.24%                          | 27.56%                                   | 36.87%                                   |  |
| Sep-2018   | 25,568 | \$358.29      |                                  | 7.48%               | 33.91%                        | 13.88%                        | 1.01                   | 1.03                      | 1.00         | \$345.57                              | 7.42%                          | 35.61%                                   | 14.65%                                   |  |
| Oct-2018   | 25,520 | \$460.02      |                                  | 10.35%              | 44.45%                        | 49.38%                        | 1.01                   | 1.02                      | 1.00         | \$444.56                              | 10.76%                         | 46.08%                                   | 50.36%                                   |  |
| Nov-2018   | 25,507 | \$465.44      |                                  | 10.98%              | 50.88%                        | 62.91%                        | 1.01                   | 1.02                      | 1.00         | \$450.20                              | 11.80%                         | 52.51%                                   | 64.09%                                   |  |
| Dec-2018   | 25,485 | \$424.28      |                                  | 12.75%              | 56.81%                        | 100.38%                       | 1.01                   | 1.02                      | 1.00         | \$411.58                              | 14.01%                         | 58.58%                                   | 103.20%                                  |  |

If applicable, please provide an explanation for the Other normalization factor.

N/A

The Department is requesting each carrier provide additional trend exhibits, in excel with working formulas, that are similar to the aggregate information provided above. These exhibits should provide the data by Service Category, Metal Tier, etc. that are used by the Company in the trend development. Please state where in the filing it is located.

Please see the tabs "Med Trends by Category" and "Rx Trend by Category" for the historical incurred claims by Med category (IP/OP/PHY/OTR) and Rx category (Generic/Brand/Specialty).

**Solvency**

|                          | Most Recent Quarterly Financial Statement | Most Recent Annual Financial Statement |
|--------------------------|---|--|
| Total Adjusted Capital   | 404,730,554                               | 404,730,554                            |
| Authorized Control Level | 91,627,533                                | 91,627,533                             |
| RBC Ratio                | 441.71%                                   | 441.71%                                |

**Loss Ratio**

| Time Period                | Period Beginning Date | Period Ending Date | Member Months | Incurred Claims | Earned Premium | Loss Ratio |
|----------------------------|-----------------------|--------------------|---------------|-----------------|----------------|------------|
| Historical Year -4         | 1/1/2014              | 12/31/2014         | 55,654        | 20,107,463      | 22,402,354     | 89.8%      |
| Historical Year -3         | 1/1/2015              | 12/31/2015         | 63,884        | 22,841,257      | 26,703,077     | 85.5%      |
| Historical Year -2         | 1/1/2016              | 12/31/2016         | 82,627        | 31,173,390      | 35,126,637     | 88.7%      |
| Historical Year -1         | 1/1/2017              | 12/31/2017         | 136,544       | 53,702,587      | 60,176,917     | 89.2%      |
| Historical Year C          | 1/1/2018              | 12/31/2018         | 303,333       | 132,040,184     | 141,777,586    | 93.1%      |
| <b>Historical Totals</b>   |                       |                    | 641,042       | 259,864,882     | 286,186,571    | 90.8%      |
| <b>Interim Time Period</b> | 1/1/2019              | 3/31/2019          | 61,547        | 26,059,645      | 31,348,121     | 83.1%      |
| <b>Future Year 1</b>       | 1/1/2020              | 12/31/2020         | 370,644       | 182,937,729     | 206,369,894    | 88.6%      |

| Expected Incurred Claims | A-to-E Claims Ratio |
|--------------------------|---------------------|
| 19,080,250               | 105.4%              |
| 22,944,918               | 99.5%               |
| 30,777,242               | 101.3%              |
| 64,136,410               | 99.2%               |
| 124,886,947              | 105.7%              |
| 251,825,167              | 103.2%              |
| 26,373,721               | 91.8%               |
| 182,937,729              | 100.0%              |

| Quality Improvement Expenses | Adjustments to Earned Premium | Adj Medical Loss Ratio |
|------------------------------|-------------------------------|------------------------|
| 268,828                      | 754,144                       | 94.1%                  |
| 320,437                      | 857,959                       | 89.6%                  |
| 261,019                      | 1,125,644                     | 92.5%                  |
| 475,759                      | 412,031                       | 90.7%                  |
| 1,155,699                    | 2,232,830                     | 95.5%                  |
| 2,481,742                    | 5,382,608                     | 93.4%                  |
| 244,957                      | 65,240                        | 84.1%                  |
| 934,023                      | 3,364,810                     | 90.6%                  |

|   |       |
|---|-------|
| Anticipated Pricing Loss Ratio (no adjustments)           | 88.6% |
| Anticipated LR using Federally-prescribed MLR methodology | 90.6% |

**Note:**

The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out.

The interim time period the time periods available in the current year.

The future year should represent the 12 months immediately following the rate effective date.

**Consumer Adjusted Premium Rate Development**

Section III of WS2 of the 2020 URRT requires that the Issuer provide the Actuarial Value and cost-sharing design of the plan. The Department requires that the issuer provide the breakdown of this value between Cost Sharing Only and Induced Utilization for every plan in the URR. Please see the example below.

| Actuarial value and cost-sharing design of the plan                | Value |
|--|-------|
| Actuarial value and cost-sharing design of the plan (From the URR) | 0.900 |

|  |       |
|--|-------|
| Paid/Allowed Ratio (Cost-Sharing only) | 0.783 |
| Used Induced utilization factor        | 1.150 |
| Calculated                             | 0.900 |

In the text box, please state where in the filing it is located.

Please see the columns "Benefit Actuarial Value" and "Induced Utilization Factor" on Exhibit 7 of the rate filing. In addition, note that this value in the URRT also includes the value of the CSR load on the On Exchange Silver plans.

**Risk Adjustment**

|                                       | Actual Risk Adjustment Received (2018 Interim RA Results) | Assumed in Most Recent Approved Rate Filing | Assumed in Current Rate Filing | Proposed Change in PMPM Compared to Prior 12 months | Proposed Change in PMPM Compared to Most Recently Approved Filing |
|---------------------------------------|---|---|--------------------------------|---|---|
| Time Period                           | 1/1/2018  | 1/1/2019                                    | 1/1/2020                       |   |   |
| Total Risk adjustment (Dollar amount) | (\$16,331,243)  | (\$12,407,704)                              | (\$22,650,989)                 |   |   |
| Membership Member Months              | 303,333   | 302,676                                     | 370,644                        | 22.19%  | 22.46%  |
| PMPM                                  | (\$53.84)   | (\$40.99)                                   | (\$61.11)                      | 13.51%  | 49.08%  |
| Premium                               | \$141,777,586   | \$154,189,523                               | \$206,369,894                  | 49.56%  | 33.84%  |
| As a % of Premium                     | -11.52%   | -8.05%                                      | -10.98%                        | -4.71%  | 36.40%  |

If the actual risk adjustment payable/receivable was more than 20% different than what was estimated in the previous filing, please provide details on how the current risk adjustment estimate has addressed prior results.

MVP's risk position changed materially from 2017 (which was used to set the premium rates for 2019) to 2018. The current rates reflect the updated risk position as of the 2018 CMS interim results.

**Trend & Projection Assumptions For Inpatient Claims**

Historical Experience (ACA Only) Incurred or Allowed Basis<sup>(1)</sup>:

**Incurred** (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

| Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only) | Month  | Member Months | Monthly Incurred Claims \$ PMPM* | Rolling 12 Mo Trend | Annualized Rolling 6 Mo Trend | Annualized Rolling 3 Mo Trend | Average Benefit Factor | Average Age/Gen Factor | Other Factor | Monthly Incurred Claims \$ PMPM* | Rolling 12 Mo Trend | Annualized Rolling 6 Mo Trend | Annualized Rolling 3 Mo Trend |
|--|--------|---------------|----------------------------------|---------------------|-------------------------------|-------------------------------|------------------------|------------------------|--------------|----------------------------------|---------------------|-------------------------------|-------------------------------|
|  |        |               |                                  |                     |                               |                               |                        |                        |              |                                  |                     |                               |                               |
| Jan-2016   | 5,836  | \$21.85       |                                  |                     |                               | 1.00                          | 1.00                   | 1.00                   | \$21.85      |                                  |                     |                               |                               |
| Feb-2016   | 6,018  | \$127.38      |                                  |                     |                               | 1.00                          | 1.00                   | 1.00                   | \$127.21     |                                  |                     |                               |                               |
| Mar-2016   | 6,513  | \$45.51       |                                  |                     |                               | 1.01                          | 1.01                   | 1.00                   | \$44.96      |                                  |                     |                               |                               |
| Apr-2016   | 6,698  | \$51.17       |                                  |                     |                               | 1.00                          | 1.01                   | 1.00                   | \$50.63      |                                  |                     |                               |                               |
| May-2016   | 6,903  | \$57.95       |                                  |                     |                               | 1.01                          | 1.01                   | 1.00                   | \$57.32      |                                  |                     |                               |                               |
| Jun-2016   | 7,061  | \$41.84       |                                  |                     |                               | 1.01                          | 1.01                   | 1.00                   | \$41.32      |                                  |                     |                               | -64.93%                       |
| Jul-2016   | 7,134  | \$138.09      |                                  |                     |                               | 1.01                          | 1.00                   | 1.00                   | \$136.58     |                                  |                     |                               | 37.94%                        |
| Aug-2016   | 7,164  | \$79.82       |                                  |                     |                               | 1.01                          | 1.00                   | 1.00                   | \$79.01      |                                  |                     |                               | 694.40%                       |
| Sep-2016   | 7,235  | \$63.01       |                                  |                     |                               | 1.01                          | 1.00                   | 1.00                   | \$62.48      |                                  |                     |                               | 1102.69%                      |
| Oct-2016   | 7,250  | \$65.87       |                                  |                     |                               | 1.01                          | 1.00                   | 1.00                   | \$65.53      |                                  |                     |                               | -41.20%                       |
| Nov-2016   | 7,290  | \$110.55      |                                  |                     |                               | 1.01                          | 1.00                   | 1.00                   | \$110.08     |                                  |                     |                               | -26.45%                       |
| Dec-2016   | 7,525  | \$94.71       |                                  |                     | 159.30%                       | 1.01                          | 0.99                   | 1.00                   | \$95.03      |                                  | 159.99%             |                               | -9.24%                        |
| Jan-2017   | 9,781  | \$76.37       |                                  |                     | 13.51%                        | 1.02                          | 1.01                   | 1.00                   | \$73.80      |                                  | 13.20%              | 203.67%                       |                               |
| Feb-2017   | 10,303 | \$63.50       |                                  |                     | 25.24%                        | 1.02                          | 1.02                   | 1.00                   | \$60.99      |                                  | 24.20%              |                               | -21.35%                       |
| Mar-2017   | 11,249 | \$103.30      |                                  |                     | 39.44%                        | 1.03                          | 1.02                   | 1.00                   | \$97.99      |                                  | 35.38%              |                               | -43.58%                       |
| Apr-2017   | 11,325 | \$48.04       |                                  |                     | 16.63%                        | 1.03                          | 1.02                   | 1.00                   | \$45.63      |                                  | 11.89%              |                               | -68.23%                       |
| May-2017   | 11,393 | \$67.45       |                                  |                     | -19.92%                       | 1.03                          | 1.02                   | 1.00                   | \$64.13      |                                  | -24.61%             |                               | -26.87%                       |
| Jun-2017   | 11,435 | \$65.59       |                                  |                     | -40.99%                       | 1.03                          | 1.02                   | 1.00                   | \$62.32      |                                  | -45.66%             |                               | -71.10%                       |
| Jul-2017   | 11,593 | \$57.96       |                                  |                     | -31.23%                       | 1.03                          | 1.02                   | 1.00                   | \$55.03      |                                  | -36.49%             |                               | -38.77%                       |
| Aug-2017   | 11,703 | \$58.74       |                                  |                     | -26.87%                       | 1.03                          | 1.02                   | 1.00                   | \$55.69      |                                  | -32.04%             |                               | -51.74%                       |
| Sep-2017   | 11,727 | \$60.88       |                                  |                     | -50.97%                       | 1.03                          | 1.02                   | 1.00                   | \$57.91      |                                  | -53.45%             |                               | -7.92%                        |
| Oct-2017   | 11,763 | \$50.47       |                                  |                     | -44.30%                       | 1.03                          | 1.02                   | 1.00                   | \$48.04      |                                  | -46.44%             |                               | -36.97%                       |
| Nov-2017   | 11,675 | \$99.71       |                                  |                     | -22.64%                       | 1.03                          | 1.02                   | 1.00                   | \$95.32      |                                  | -24.32%             |                               | 82.72%                        |
| Dec-2017   | 11,597 | \$70.47       | -9.37%                           |                     | -11.77%                       | 1.03                          | 1.01                   | 1.00                   | \$67.68      | -13.01%                          | -11.86%             |                               | 144.51%                       |
| Jan-2018   | 25,019 | \$60.06       | -16.02%                          |                     | -5.80%                        | 1.01                          | 1.03                   | 1.00                   | \$57.48      | -19.18%                          | -5.07%              |                               | 170.24%                       |
| Feb-2018   | 25,021 | \$70.71       | -9.29%                           |                     | 3.18%                         | 1.01                          | 1.03                   | 1.00                   | \$67.80      | -12.32%                          | 4.75%               |                               | -19.03%                       |
| Mar-2018   | 25,121 | \$57.02       | -20.06%                          |                     | 22.09%                        | 1.01                          | 1.03                   | 1.00                   | \$54.72      | -22.17%                          | 24.08%              |                               | -46.97%                       |
| Apr-2018   | 25,026 | \$66.38       | -16.72%                          |                     | 26.45%                        | 1.01                          | 1.03                   | 1.00                   | \$63.84      | -18.61%                          | 28.77%              |                               | -34.65%                       |
| May-2018   | 25,101 | \$63.43       | -17.32%                          |                     | -4.33%                        | 1.01                          | 1.03                   | 1.00                   | \$61.05      | -18.85%                          | -2.66%              |                               | -21.45%                       |
| Jun-2018   | 25,200 | \$71.99       | -17.40%                          |                     | -4.22%                        | 1.01                          | 1.03                   | 1.00                   | \$69.42      | -18.60%                          | -2.74%              |                               | 35.95%                        |
| Jul-2018   | 25,341 | \$74.74       | -8.90%                           |                     | 5.44%                         | 1.01                          | 1.03                   | 1.00                   | \$72.07      | -9.77%                           | 7.01%               |                               | 39.76%                        |
| Aug-2018   | 25,424 | \$77.76       | -4.45%                           |                     | 2.40%                         | 1.01                          | 1.03                   | 1.00                   | \$75.01      | -4.96%                           | 3.76%               |                               | 111.31%                       |
| Sep-2018   | 25,568 | \$58.56       | -4.63%                           |                     | 8.50%                         | 1.01                          | 1.03                   | 1.00                   | \$56.48      | -4.81%                           | 9.86%               |                               | 20.20%                        |
| Oct-2018   | 25,520 | \$79.82       | 0.26%                            |                     | 10.45%                        | 1.01                          | 1.02                   | 1.00                   | \$77.14      | 0.41%                            | 11.74%              |                               | 12.36%                        |
| Nov-2018   | 25,507 | \$75.80       | -1.29%                           |                     | 30.04%                        | 1.01                          | 1.02                   | 1.00                   | \$73.32      | -0.67%                           | 31.48%              |                               | -16.62%                       |
| Dec-2018   | 25,485 | \$51.08       | -1.65%                           |                     | 14.93%                        | 1.01                          | 1.02                   | 1.00                   | \$49.55      | -0.63%                           | 16.20%              |                               | -6.62%                        |

**Trend & Projection Assumptions For Outpatient Claims**

Historical Experience (ACA Only) Incurred or Allowed Basis<sup>(1)</sup>:

**Incurred** (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

| Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only) | Month  | Member Months | Monthly Incurred Claims \$ PMPM* | Rolling 12 Mo Trend | Annualized Rolling 6 Mo Trend | Annualized Rolling 3 Mo Trend | Average Benefit Factor | Average Age/Gen Factor | Other Factor | Monthly Incurred Claims \$ PMPM* | Rolling 12 Mo Trend | Annualized Rolling 6 Mo Trend | Annualized Rolling 3 Mo Trend |
|--|--------|---------------|----------------------------------|---------------------|-------------------------------|-------------------------------|------------------------|------------------------|--------------|----------------------------------|---------------------|-------------------------------|-------------------------------|
|  |        |               |                                  |                     |                               |                               |                        |                        |              |                                  |                     |                               |                               |
| Jan-2016   | 5,836  | \$126.20      |                                  |                     |                               | 1.00                          | 1.00                   | 1.00                   | \$126.20     |                                  |                     |                               |                               |
| Feb-2016   | 6,018  | \$119.93      |                                  |                     |                               | 1.00                          | 1.00                   | 1.00                   | \$119.77     |                                  |                     |                               |                               |
| Mar-2016   | 6,513  | \$150.70      |                                  |                     |                               | 1.01                          | 1.01                   | 1.00                   | \$148.88     |                                  |                     |                               |                               |
| Apr-2016   | 6,698  | \$155.94      |                                  |                     |                               | 1.00                          | 1.01                   | 1.00                   | \$154.32     |                                  |                     |                               |                               |
| May-2016   | 6,903  | \$154.46      |                                  |                     |                               | 1.01                          | 1.01                   | 1.00                   | \$152.78     |                                  |                     |                               |                               |
| Jun-2016   | 7,061  | \$172.29      |                                  |                     |                               | 1.01                          | 1.01                   | 1.00                   | \$170.16     |                                  |                     |                               | 110.83%                       |
| Jul-2016   | 7,134  | \$139.19      |                                  |                     |                               | 1.01                          | 1.00                   | 1.00                   | \$137.65     |                                  |                     |                               | 37.79%                        |
| Aug-2016   | 7,164  | \$174.36      |                                  |                     |                               | 1.01                          | 1.00                   | 1.00                   | \$172.59     |                                  |                     |                               | 23.04%                        |
| Sep-2016   | 7,235  | \$170.63      |                                  |                     |                               | 1.01                          | 1.00                   | 1.00                   | \$169.20     |                                  |                     |                               | 1.66%                         |
| Oct-2016   | 7,250  | \$147.36      |                                  |                     |                               | 1.01                          | 1.00                   | 1.00                   | \$146.61     |                                  |                     |                               | 26.45%                        |
| Nov-2016   | 7,290  | \$150.85      |                                  |                     |                               | 1.01                          | 1.00                   | 1.00                   | \$150.22     |                                  |                     |                               | -11.45%                       |
| Dec-2016   | 7,525  | \$167.26      |                                  |                     | 14.83%                        | 1.01                          | 0.99                   | 1.00                   | \$167.83     |                                  | 15.52%              |                               | -11.56%                       |
| Jan-2017   | 9,781  | \$121.68      |                                  |                     | 5.66%                         | 1.02                          | 1.01                   | 1.00                   | \$117.58     |                                  | 5.77%               |                               | -41.03%                       |
| Feb-2017   | 10,303 | \$101.38      |                                  |                     | -21.85%                       | 1.02                          | 1.02                   | 1.00                   | \$97.37      |                                  | -22.32%             |                               | -59.73%                       |
| Mar-2017   | 11,249 | \$136.04      |                                  |                     | -30.24%                       | 1.03                          | 1.02                   | 1.00                   | \$129.04     |                                  | -32.00%             |                               | -69.68%                       |
| Apr-2017   | 11,325 | \$132.02      |                                  |                     | -31.13%                       | 1.03                          | 1.02                   | 1.00                   | \$125.39     |                                  | -34.05%             |                               | -53.37%                       |
| May-2017   | 11,393 | \$142.59      |                                  |                     | -30.88%                       | 1.03                          | 1.02                   | 1.00                   | \$135.58     |                                  | -34.94%             |                               | 21.91%                        |
| Jun-2017   | 11,435 | \$139.73      |                                  |                     | -33.08%                       | 1.03                          | 1.02                   | 1.00                   | \$132.78     |                                  | -38.45%             |                               | 69.44%                        |
| Jul-2017   | 11,593 | \$132.52      |                                  |                     | -27.00%                       | 1.03                          | 1.02                   | 1.00                   | \$125.83     |                                  | -32.67%             |                               | 54.32%                        |
| Aug-2017   | 11,703 | \$149.49      |                                  |                     | -1.23%                        | 1.03                          | 1.02                   | 1.00                   | \$141.73     |                                  | -8.38%              |                               | 11.08%                        |
| Sep-2017   | 11,727 | \$142.90      |                                  |                     | 7.93%                         | 1.03                          | 1.02                   | 1.00                   | \$135.94     |                                  | 2.05%               |                               | 10.33%                        |
| Oct-2017   | 11,763 | \$159.54      |                                  |                     | 18.87%                        | 1.03                          | 1.02                   | 1.00                   | \$151.86     |                                  | 14.31%              |                               | 41.16%                        |
| Nov-2017   | 11,675 | \$166.45      |                                  |                     | 26.09%                        | 1.03                          | 1.02                   | 1.00                   | \$159.14     |                                  | 23.34%              |                               | 55.14%                        |
| Dec-2017   | 11,597 | \$156.17      | -8.23%                           |                     | 36.26%                        | 1.03                          | 1.01                   | 1.00                   | \$150.00     | -11.89%                          | 36.13%              |                               | 70.26%                        |
| Jan-2018   | 25,019 | \$111.04      | -9.60%                           |                     | 16.77%                        | 1.01                          | 1.03                   | 1.00                   | \$106.26     | -12.99%                          | 17.59%              |                               | -33.00%                       |
| Feb-2018   | 25,021 | \$123.96      | -7.24%                           |                     | -3.64%                        | 1.01                          | 1.03                   | 1.00                   | \$118.85     | -10.42%                          | -2.26%              |                               | -58.45%                       |
| Mar-2018   | 25,121 | \$136.47      | -6.26%                           |                     | -6.12%                        | 1.01                          | 1.03                   | 1.00                   | \$130.96     | -8.97%                           | -4.60%              |                               | -64.39%                       |
| Apr-2018   | 25,026 | \$146.81      | -3.71%                           |                     | -12.01%                       | 1.01                          | 1.03                   | 1.00                   | \$141.19     | -6.00%                           | -10.37%             |                               | 2.45%                         |
| May-2018   | 25,101 | \$174.33      | -0.28%                           |                     | -11.07%                       | 1.01                          | 1.03                   | 1.00                   | \$167.79     | -2.14%                           | -9.40%              |                               | 126.03%                       |
| Jun-2018   | 25,200 | \$142.04      | 1.36%                            |                     | -15.33%                       | 1.01                          | 1.03                   | 1.00                   | \$136.98     | -0.05%                           | -13.93%             |                               | 145.87%                       |
| Jul-2018   | 25,341 | \$130.16      | 1.98%                            |                     | 2.90%                         | 1.01                          | 1.03                   | 1.00                   | \$134.19     | 1.01%                            | 4.53%               |                               | 58.61%                        |
| Aug-2018   | 25,424 | \$168.24      | 4.32%                            |                     | 22.63%                        | 1.01                          | 1.03                   | 1.00                   | \$160.36     | 3.85%                            | 24.33%              |                               | -7.35%                        |
| Sep-2018   | 25,568 | \$143.78      | 5.43%                            |                     | 25.78%                        | 1.01                          | 1.03                   | 1.00                   | \$138.68     | 5.41%                            | 27.37%              |                               | -10.92%                       |
| Oct-2018   | 25,520 | \$183.47      | 6.42%                            |                     | 36.14%                        | 1.01                          | 1.02                   | 1.00                   | \$177.31     | 6.85%                            | 37.65%              |                               | 38.83%                        |
| Nov-2018   | 25,507 | \$182.82      | 6.73%                            |                     | 29.94%                        | 1.01                          | 1.02                   | 1.00                   | \$176.83     | 7.53%                            | 31.34%              |                               | 69.88%                        |
| Dec-2018   | 25,485 | \$172.85      | 8.03%                            |                     | 40.20%                        | 1.01                          | 1.02                   | 1.00                   | \$167.68     | 9.24%                            | 41.79%              |                               | 110.49%                       |

**Trend & Projection Assumptions For Physician Claims**

Historical Experience (ACA Only) Incurred or Allowed Basis<sup>(1)</sup>:

**Incurred** (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

| Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only) | Month | Member Months | Monthly Incurred Claims \$ PMPM* | Rolling 12 Mo Trend | Annualized Rolling 6 Mo Trend | Annualized Rolling 3 Mo Trend | Average Benefit Factor | Average Age/Gen Factor | Other Factor | Monthly Incurred Claims \$ PMPM* | Rolling 12 Mo Trend | Annualized Rolling 6 Mo Trend | Annualized Rolling 3 Mo Trend |
|--|-------|---------------|----------------------------------|---------------------|-------------------------------|-------------------------------|------------------------|------------------------|--------------|----------------------------------|---------------------|-------------------------------|-------------------------------|
|  |       |               |                                  |                     |                               |                               |                        |                        |              |                                  |                     |                               |                               |
| Jan-2016   |       | 5,836         | \$70.28                          |                     |                               |                               | 1.00                   | 1.00                   | 1.00         | \$70.28                          |                     |                               |                               |
| Feb-2016   |       | 6,018         | \$83.63                          |                     |                               |                               | 1.00                   | 1.00                   | 1.00         | \$83.63                          |                     |                               |                               |
| Mar-2016   |       | 6,513         | \$82.72                          |                     |                               |                               | 1.01                   | 1.01                   | 1.00         | \$81.72                          |                     |                               |                               |
| Apr-2016   |       | 6,698         | \$95.96                          |                     |                               |                               | 1.00                   | 1.01                   | 1.00         | \$85.06                          |                     |                               |                               |
| May-2016   |       | 6,903         | \$79.85                          |                     |                               |                               | 1.01                   | 1.01                   | 1.00         | \$78.98                          |                     |                               |                               |
| Jun-2016   |       | 7,061         | \$79.86                          |                     |                               | 14.73%                        | 1.01                   | 1.01                   | 1.00         | \$78.87                          |                     |                               | 11.87%                        |
| Jul-2016   |       | 7,134         | \$82.26                          |                     |                               | -15.48%                       | 1.01                   | 1.00                   | 1.00         | \$81.36                          |                     |                               | -16.59%                       |
| Aug-2016   |       | 7,164         | \$101.61                         |                     |                               | 27.28%                        | 1.01                   | 1.00                   | 1.00         | \$100.58                         |                     |                               | 27.30%                        |
| Sep-2016   |       | 7,235         | \$89.65                          |                     |                               | 54.17%                        | 1.01                   | 1.00                   | 1.00         | \$88.90                          |                     |                               | 55.04%                        |
| Oct-2016   |       | 7,250         | \$97.39                          |                     |                               | 102.29%                       | 1.01                   | 1.00                   | 1.00         | \$96.90                          |                     |                               | 105.20%                       |
| Nov-2016   |       | 7,290         | \$91.54                          |                     |                               | 24.23%                        | 1.01                   | 1.00                   | 1.00         | \$91.15                          |                     |                               | 26.88%                        |
| Dec-2016   |       | 7,525         | \$99.73                          |                     | 35.53%                        | 24.17%                        | 1.01                   | 0.99                   | 1.00         | \$100.07                         |                     | 36.26%                        | 28.24%                        |
| Jan-2017   |       | 9,781         | \$71.50                          |                     | 21.71%                        | -35.92%                       | 1.02                   | 1.01                   | 1.00         | \$69.09                          |                     | 21.77%                        | -36.78%                       |
| Feb-2017   |       | 10,303        | \$62.95                          |                     | -4.68%                        | -55.12%                       | 1.02                   | 1.02                   | 1.00         | \$60.47                          |                     | -5.28%                        | -58.01%                       |
| Mar-2017   |       | 11,249        | \$76.67                          |                     | -12.16%                       | -71.14%                       | 1.03                   | 1.02                   | 1.00         | \$72.73                          |                     | -14.27%                       | -75.55%                       |
| Apr-2017   |       | 11,325        | \$73.55                          |                     | -23.13%                       | -52.92%                       | 1.03                   | 1.02                   | 1.00         | \$69.86                          |                     | -26.35%                       | -59.49%                       |
| May-2017   |       | 11,393        | \$85.01                          |                     | -26.86%                       | 13.38%                        | 1.03                   | 1.02                   | 1.00         | \$80.83                          |                     | -31.15%                       | 0.94%                         |
| Jun-2017   |       | 11,435        | \$79.94                          |                     | -35.62%                       | 61.37%                        | 1.03                   | 1.02                   | 1.00         | \$75.96                          |                     | -40.79%                       | 56.45%                        |
| Jul-2017   |       | 11,593        | \$76.20                          |                     | -30.09%                       | 61.35%                        | 1.03                   | 1.02                   | 1.00         | \$72.35                          |                     | -35.53%                       | 59.92%                        |
| Aug-2017   |       | 11,703        | \$87.15                          |                     | -8.55%                        | 14.46%                        | 1.03                   | 1.02                   | 1.00         | \$82.63                          |                     | -15.16%                       | 14.19%                        |
| Sep-2017   |       | 11,727        | \$96.44                          |                     | 0.63%                         | 20.39%                        | 1.03                   | 1.02                   | 1.00         | \$82.23                          |                     | -4.97%                        | 20.05%                        |
| Oct-2017   |       | 11,763        | \$96.83                          |                     | 20.31%                        | 56.07%                        | 1.03                   | 1.02                   | 1.00         | \$91.22                          |                     | 15.57%                        | 56.26%                        |
| Nov-2017   |       | 11,675        | \$107.10                         |                     | 31.91%                        | 99.75%                        | 1.03                   | 1.02                   | 1.00         | \$102.39                         |                     | 28.99%                        | 103.13%                       |
| Dec-2017   |       | 11,597        | \$96.09                          | -4.43%              | 47.90%                        | 105.11%                       | 1.03                   | 1.01                   | 1.00         | \$92.80                          | -8.26%              | 47.76%                        | 110.75%                       |
| Jan-2018   |       | 25,019        | \$70.16                          | -5.39%              | 31.92%                        | -18.58%                       | 1.01                   | 1.03                   | 1.00         | \$67.14                          | -8.94%              | 32.83%                        | -16.11%                       |
| Feb-2018   |       | 25,021        | \$71.04                          | -3.17%              | 8.31%                         | -62.64%                       | 1.01                   | 1.03                   | 1.00         | \$68.11                          | -6.47%              | 9.86%                         | -61.81%                       |
| Mar-2018   |       | 25,121        | \$79.74                          | -2.20%              | 1.24%                         | -70.18%                       | 1.01                   | 1.03                   | 1.00         | \$76.52                          | -5.02%              | 2.86%                         | -69.89%                       |
| Apr-2018   |       | 25,026        | \$86.78                          | 0.72%               | -8.17%                        | -25.78%                       | 1.01                   | 1.03                   | 1.00         | \$83.46                          | -1.69%              | -6.48%                        | -25.00%                       |
| May-2018   |       | 25,101        | \$95.82                          | 1.92%               | -14.74%                       | 80.96%                        | 1.01                   | 1.03                   | 1.00         | \$92.22                          | 0.00%               | -13.17%                       | 83.11%                        |
| Jun-2018   |       | 25,200        | \$94.04                          | 3.67%               | -17.79%                       | 145.79%                       | 1.01                   | 1.03                   | 1.00         | \$90.69                          | 2.20%               | -16.44%                       | 150.33%                       |
| Jul-2018   |       | 25,341        | \$89.82                          | 5.59%               | -2.25%                        | 92.03%                        | 1.01                   | 1.03                   | 1.00         | \$86.61                          | 4.55%               | -0.71%                        | 94.88%                        |
| Aug-2018   |       | 25,424        | \$97.63                          | 7.83%               | 19.18%                        | 32.58%                        | 1.01                   | 1.03                   | 1.00         | \$94.17                          | 7.32%               | 20.85%                        | 34.30%                        |
| Sep-2018   |       | 25,568        | \$93.44                          | 8.59%               | 28.67%                        | 6.26%                         | 1.01                   | 1.03                   | 1.00         | \$90.13                          | 8.52%               | 30.32%                        | 6.97%                         |
| Oct-2018   |       | 25,520        | \$117.02                         | 10.89%              | 44.24%                        | 47.31%                        | 1.01                   | 1.02                   | 1.00         | \$113.09                         | 11.32%              | 45.87%                        | 48.28%                        |
| Nov-2018   |       | 25,507        | \$105.82                         | 9.42%               | 47.61%                        | 59.31%                        | 1.01                   | 1.02                   | 1.00         | \$102.35                         | 10.23%              | 49.21%                        | 60.43%                        |
| Dec-2018   |       | 25,485        | \$100.40                         | 9.88%               | 47.38%                        | 75.36%                        | 1.01                   | 1.02                   | 1.00         | \$97.39                          | 11.10%              | 49.02%                        | 77.80%                        |

Last Month in Experience Period

**Trend & Projection Assumptions For Other Claims**

Historical Experience (ACA Only) Incurred or Allowed Basis<sup>(1)</sup>:

**Incurred** (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

| Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only) | Month | Member Months | Monthly Incurred Claims \$ PMPM* | Rolling 12 Mo Trend | Annualized Rolling 6 Mo Trend | Annualized Rolling 3 Mo Trend | Average Benefit Factor | Average Age/Gen Factor | Other Factor | Monthly Incurred Claims \$ PMPM* | Rolling 12 Mo Trend | Annualized Rolling 6 Mo Trend | Annualized Rolling 3 Mo Trend |
|--|-------|---------------|----------------------------------|---------------------|-------------------------------|-------------------------------|------------------------|------------------------|--------------|----------------------------------|---------------------|-------------------------------|-------------------------------|
|  |       |               |                                  |                     |                               |                               |                        |                        |              |                                  |                     |                               |                               |
| Jan-2016   |       | 5,836         | \$3.12                           |                     |                               |                               | 1.00                   | 1.00                   | 1.00         | \$3.12                           |                     |                               |                               |
| Feb-2016   |       | 6,018         | \$3.94                           |                     |                               |                               | 1.00                   | 1.00                   | 1.00         | \$3.94                           |                     |                               |                               |
| Mar-2016   |       | 6,513         | \$11.93                          |                     |                               |                               | 1.01                   | 1.01                   | 1.00         | \$11.78                          |                     |                               |                               |
| Apr-2016   |       | 6,698         | \$15.22                          |                     |                               |                               | 1.00                   | 1.01                   | 1.00         | \$15.06                          |                     |                               |                               |
| May-2016   |       | 6,903         | \$6.96                           |                     |                               |                               | 1.01                   | 1.01                   | 1.00         | \$6.89                           |                     |                               |                               |
| Jun-2016   |       | 7,061         | \$6.93                           |                     |                               | 378.21%                       | 1.01                   | 1.01                   | 1.00         | \$6.84                           |                     |                               | 372.66%                       |
| Jul-2016   |       | 7,134         | \$5.59                           |                     |                               | -85.83%                       | 1.01                   | 1.00                   | 1.00         | \$5.53                           |                     |                               | -85.91%                       |
| Aug-2016   |       | 7,164         | \$8.08                           |                     |                               | -86.44%                       | 1.01                   | 1.00                   | 1.00         | \$8.00                           |                     |                               | -86.44%                       |
| Sep-2016   |       | 7,235         | \$6.28                           |                     |                               | -77.21%                       | 1.01                   | 1.00                   | 1.00         | \$6.23                           |                     |                               | -77.10%                       |
| Oct-2016   |       | 7,250         | \$7.09                           |                     |                               | 47.13%                        | 1.01                   | 1.00                   | 1.00         | \$7.05                           |                     |                               | 49.23%                        |
| Nov-2016   |       | 7,290         | \$4.69                           |                     |                               | -41.13%                       | 1.01                   | 1.00                   | 1.00         | \$4.67                           |                     |                               | -39.89%                       |
| Dec-2016   |       | 7,525         | \$8.44                           |                     | -32.49%                       | 6.46%                         | 1.01                   | 0.99                   | 1.00         | \$8.47                           |                     | -31.88%                       | 10.20%                        |
| Jan-2017   |       | 9,781         | \$7.58                           |                     | -29.93%                       | -8.52%                        | 1.02                   | 1.01                   | 1.00         | \$7.33                           |                     | -30.02%                       | -10.77%                       |
| Feb-2017   |       | 10,303        | \$5.73                           |                     | -45.96%                       | 96.52%                        | 1.02                   | 1.02                   | 1.00         | \$5.50                           |                     | -46.55%                       | 83.07%                        |
| Mar-2017   |       | 11,249        | \$4.66                           |                     | -40.27%                       | -40.99%                       | 1.03                   | 1.02                   | 1.00         | \$4.42                           |                     | -41.77%                       | -49.74%                       |
| Apr-2017   |       | 11,325        | \$5.70                           |                     | -21.26%                       | -65.57%                       | 1.03                   | 1.02                   | 1.00         | \$5.42                           |                     | -24.58%                       | -69.94%                       |
| May-2017   |       | 11,393        | \$5.25                           |                     | -11.27%                       | -71.52%                       | 1.03                   | 1.02                   | 1.00         | \$4.99                           |                     | -16.11%                       | -74.51%                       |
| Jun-2017   |       | 11,435        | \$11.48                          |                     | 1.01%                         | 155.54%                       | 1.03                   | 1.02                   | 1.00         | \$10.91                          |                     | -7.04%                        | 145.89%                       |
| Jul-2017   |       | 11,593        | \$5.71                           |                     | -16.89%                       | 280.17%                       | 1.03                   | 1.02                   | 1.00         | \$5.42                           |                     | -23.07%                       | 275.63%                       |
| Aug-2017   |       | 11,703        | \$5.20                           |                     | -8.88%                        | 317.49%                       | 1.03                   | 1.02                   | 1.00         | \$4.93                           |                     | -15.05%                       | 317.07%                       |
| Sep-2017   |       | 11,727        | \$9.99                           |                     | 32.99%                        | -24.76%                       | 1.03                   | 1.02                   | 1.00         | \$9.51                           |                     | 25.79%                        | -24.84%                       |
| Oct-2017   |       | 11,763        | \$5.19                           |                     | 38.83%                        | -31.64%                       | 1.03                   | 1.02                   | 1.00         | \$4.94                           |                     | 33.48%                        | -31.51%                       |
| Nov-2017   |       | 11,675        | \$6.59                           |                     | 46.76%                        | -9.45%                        | 1.03                   | 1.02                   | 1.00         | \$6.30                           |                     | 42.92%                        | -8.18%                        |
| Dec-2017   |       | 11,597        | \$6.05                           | -10.82%             | -8.19%                        | -47.35%                       | 1.03                   | 1.01                   | 1.00         | \$5.81                           | -14.29%             | -8.42%                        | -45.94%                       |
| Jan-2018   |       | 25,019        | \$6.54                           | -15.35%             | 4.66%                         | -19.72%                       | 1.01                   | 1.03                   | 1.00         | \$6.26                           | -18.43%             | 5.36%                         | -17.38%                       |
| Feb-2018   |       | 25,021        | \$4.37                           | -19.20%             | -4.83%                        | -65.42%                       | 1.01                   | 1.03                   | 1.00         | \$4.19                           | -21.91%             | -3.56%                        | -64.63%                       |
| Mar-2018   |       | 25,121        | \$5.59                           | -39.11%             | -11.70%                       | -26.53%                       | 1.01                   | 1.03                   | 1.00         | \$5.37                           | -14.30%             | -38.14%                       | -25.91%                       |
| Apr-2018   |       | 25,026        | \$7.99                           | 2.02%               | -25.43%                       | -25.26%                       | 1.01                   | 1.03                   | 1.00         | \$7.68                           | -0.40%              | -24.05%                       | -24.37%                       |
| May-2018   |       | 25,101        | \$5.35                           | 3.52%               | -33.91%                       | 65.09%                        | 1.01                   | 1.03                   | 1.00         | \$5.15                           | 1.51%               | -32.68%                       | 67.20%                        |
| Jun-2018   |       | 25,200        | \$8.34                           | -4.93%              | -2.83%                        | 198.32%                       | 1.01                   | 1.03                   | 1.00         | \$8.05                           | -6.09%              | -1.19%                        | 204.10%                       |
| Jul-2018   |       | 25,341        | \$6.80                           | -3.29%              | -5.34%                        | 76.15%                        | 1.01                   | 1.03                   | 1.00         | \$6.55                           | -4.10%              | -3.81%                        | 72.64%                        |
| Aug-2018   |       | 25,424        | \$7.42                           | 2.61%               | 25.29%                        | 102.01%                       | 1.01                   | 1.03                   | 1.00         | \$7.16                           | 2.21%               | 27.15%                        | 104.66%                       |
| Sep-2018   |       | 25,568        | \$5.12                           | -7.02%              | 46.79%                        | -36.84%                       | 1.01                   | 1.03                   | 1.00         | \$4.94                           | -6.97%              | 48.64%                        | -36.43%                       |
| Oct-2018   |       | 25,520        | \$6.26                           | -4.08%              | 13.00%                        | -29.31%                       | 1.01                   | 1.02                   | 1.00         | \$6.05                           | -3.68%              | 14.25%                        | -28.92%                       |
| Nov-2018   |       | 25,507        | \$6.91                           | -4.98%              | 29.75%                        | -56.88%                       | 1.01                   | 1.02                   | 1.00         | \$6.68                           | -4.34%              | 31.16%                        | -56.57%                       |
| Dec-2018   |       | 25,485        | \$7.54                           | -1.10%              | 9.95%                         | 31.77%                        | 1.01                   | 1.02                   | 1.00         | \$7.32                           | -0.04%              | 11.18%                        | 33.72%                        |

Last Month in Experience Period

**Trend & Projection Assumptions For RX Generic Claims**

Historical Experience (ACA Only) Basis:  Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "All")

| Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only) | Month    | Member Months | Monthly Incurred Claims \$ PMPM* | Annualize d Rolling |            |            | Average Benefit Factor | Average Age/Gen'd er Factor | Other Factor | Normalized Incurred Claims \$ PMPM* | Normalized Annualize d Rolling |            |            |         |
|--|----------|---------------|----------------------------------|---------------------|------------|------------|------------------------|-----------------------------|--------------|-------------------------------------|--------------------------------|------------|------------|---------|
|  |          |               |                                  | Rolling 12 Mo Trend | 6 Mo Trend | 3 Mo Trend |                        |                             |              |                                     | 12 Mo Trend                    | 6 Mo Trend | 3 Mo Trend |         |
| Jan-2016   | 5,836    | \$6.43        |                                  |                     |            | 1.00       | 1.00                   | 1.00                        | \$6.43       |                                     |                                |            |            |         |
| Feb-2016   | 6,018    | \$7.78        |                                  |                     |            | 1.00       | 1.00                   | 1.00                        | \$7.78       |                                     |                                |            |            |         |
| Mar-2016   | 6,513    | \$8.08        |                                  |                     |            | 1.01       | 1.01                   | 1.00                        | \$7.99       |                                     |                                |            |            |         |
| Apr-2016   | 6,698    | \$6.35        |                                  |                     |            | 1.00       | 1.01                   | 1.00                        | \$6.29       |                                     |                                |            |            |         |
| May-2016   | 6,903    | \$9.65        |                                  |                     |            | 1.01       | 1.01                   | 1.00                        | \$9.55       |                                     |                                |            |            |         |
| Jun-2016   | 7,061    | \$10.85       |                                  |                     | 111.32%    | 1.01       | 1.01                   | 1.00                        | \$10.71      |                                     |                                | 106.05%    |            |         |
| Jul-2016   | 7,134    | \$8.57        |                                  |                     | 195.93%    | 1.01       | 1.00                   | 1.00                        | \$8.47       |                                     |                                | 191.88%    |            |         |
| Aug-2016   | 7,164    | \$10.63       |                                  |                     | 139.72%    | 1.01       | 1.00                   | 1.00                        | \$10.52      |                                     |                                | 139.68%    |            |         |
| Sep-2016   | 7,235    | \$9.73        |                                  |                     | 32.35%     | 1.01       | 1.00                   | 1.00                        | \$9.65       |                                     |                                | 33.20%     |            |         |
| Oct-2016   | 7,250    | \$10.13       |                                  |                     | 21.06%     | 1.01       | 1.00                   | 1.00                        | \$10.08      |                                     |                                | 22.82%     |            |         |
| Nov-2016   | 7,290    | \$11.17       |                                  |                     | 13.93%     | 1.01       | 1.00                   | 1.00                        | \$11.12      |                                     |                                | 16.43%     |            |         |
| Dec-2016   | 7,525    | \$12.02       |                                  |                     | 57.86%     | 76.64%     | 1.01                   | 0.99                        | 1.00         | \$12.07                             |                                | 58.92%     | 82.54%     |         |
| Jan-2017   | 9,781    | \$4.86        |                                  |                     | 22.38%     | -40.54%    | 1.02                   | 1.01                        | 1.00         | \$4.70                              |                                | 22.97%     | -40.43%    |         |
| Feb-2017   | 10,303   | \$5.22        |                                  |                     | -13.08%    | -79.63%    | 1.02                   | 1.02                        | 1.00         | \$5.02                              |                                | -13.10%    | -80.60%    |         |
| Mar-2017   | 11,249   | \$6.26        |                                  |                     | -29.84%    | -94.09%    | 1.03                   | 1.02                        | 1.00         | \$5.93                              |                                | -30.97%    | -95.01%    |         |
| Apr-2017   | 11,325   | \$6.70        |                                  |                     | -45.91%    | -78.24%    | 1.03                   | 1.02                        | 1.00         | \$6.37                              |                                | -47.76%    | -81.64%    |         |
| May-2017   | 11,393   | \$7.51        |                                  |                     | -54.32%    | -6.94%     | 1.03                   | 1.02                        | 1.00         | \$7.14                              |                                | -56.78%    | -18.62%    |         |
| Jun-2017   | 11,435   | \$8.33        |                                  |                     | -60.35%    | 253.62%    | 1.03                   | 1.02                        | 1.00         | \$7.92                              |                                | -63.59%    | 243.50%    |         |
| Jul-2017   | 11,593   | \$8.37        |                                  |                     | -44.14%    | 209.03%    | 1.03                   | 1.02                        | 1.00         | \$7.95                              |                                | -48.69%    | 206.31%    |         |
| Aug-2017   | 11,703   | \$8.62        |                                  |                     | -18.14%    | 133.90%    | 1.03                   | 1.02                        | 1.00         | \$8.17                              |                                | -24.50%    | 133.36%    |         |
| Sep-2017   | 11,727   | \$7.63        |                                  |                     | 1.41%      | 42.06%     | 1.03                   | 1.02                        | 1.00         | \$7.26                              |                                | -4.99%     | 41.63%     |         |
| Oct-2017   | 11,763   | \$9.12        |                                  |                     | 28.21%     | 20.60%     | 1.03                   | 1.02                        | 1.00         | \$8.68                              |                                | 22.22%     | 20.75%     |         |
| Nov-2017   | 11,675   | \$9.96        |                                  |                     | 52.82%     | 6.32%      | 1.03                   | 1.02                        | 1.00         | \$8.56                              |                                | 48.66%     | 8.07%      |         |
| Dec-2017   | 11,597   | \$10.25       |                                  |                     | -17.76%    | 81.87%     | 75.16%                 | 1.03                        | 1.01         | 1.00                                | \$9.84                         | -21.08%    | 81.90%     | 80.16%  |
| Jan-2018   | 25,019   | \$5.09        |                                  |                     | -17.69%    | 19.68%     | -45.48%                | 1.01                        | 1.03         | 1.00                                | \$4.88                         | -20.87%    | 20.54%     | -43.76% |
| Feb-2018   | 25,021   | \$5.48        |                                  |                     | -16.22%    | -14.28%    | -72.23%                | 1.01                        | 1.03         | 1.00                                | \$5.25                         | -19.22%    | -13.06%    | -71.58% |
| Mar-2018   | 25,121   | \$6.68        |                                  |                     | -14.05%    | -22.48%    | -86.21%                | 1.01                        | 1.03         | 1.00                                | \$6.41                         | -16.75%    | -21.22%    | -86.08% |
| Apr-2018   | 25,026   | \$7.61        |                                  |                     | -12.55%    | -31.23%    | -32.37%                | 1.01                        | 1.03         | 1.00                                | \$7.32                         | -14.89%    | -29.93%    | -31.71% |
| May-2018   | 25,101   | \$8.15        |                                  |                     | -9.56%     | -33.93%    | 108.93%                | 1.01                        | 1.03         | 1.00                                | \$7.85                         | -11.55%    | -32.67%    | 111.25% |
| Jun-2018   | 25,200   | \$8.01        |                                  |                     | -7.56%     | -39.91%    | 259.86%                | 1.01                        | 1.03         | 1.00                                | \$7.72                         | -9.11%     | -38.91%    | 266.39% |
| Jul-2018   | 25,341   | \$7.59        |                                  |                     | -7.93%     | -12.79%    | 108.17%                | 1.01                        | 1.03         | 1.00                                | \$7.32                         | -9.03%     | -11.38%    | 111.21% |
| Aug-2018   | 25,424   | \$9.68        |                                  |                     | -5.86%     | 21.21%     | 37.18%                 | 1.01                        | 1.03         | 1.00                                | \$8.38                         | -6.48%     | 23.92%     | 38.96%  |
| Sep-2018   | 25,568   | \$9.38        |                                  |                     | -1.96%     | 41.64%     | 35.96%                 | 1.01                        | 1.03         | 1.00                                | \$9.05                         | -2.18%     | 43.47%     | 36.88%  |
| Oct-2018   | 25,520   | \$12.08       |                                  |                     | 2.61%      | 71.99%     | 159.97%                | 1.01                        | 1.02         | 1.00                                | \$11.68                        | 2.88%      | 73.92%     | 161.72% |
| Nov-2018   | 25,507   | \$11.88       |                                  |                     | 7.63%      | 93.30%     | 255.51%                | 1.01                        | 1.02         | 1.00                                | \$11.50                        | 8.39%      | 95.38%     | 258.07% |
| Last Month in Experience Period  | Dec-2018 | 25,485        | \$13.46                          | 12.59%              | 136.56%    | 352.35%    | 1.01                   | 1.02                        | 1.00         | \$13.06                             | 13.93%                         | 139.28%    | 358.97%    |         |

**Trend & Projection Assumptions For RX Brand Claims**

Historical Experience (ACA Only) Basis:  Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "All")

| Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only) | Month    | Member Months | Monthly Incurred Claims \$ PMPM* | Annualize d Rolling |            |            | Average Benefit Factor | Average Age/Gen'd er Factor | Other Factor | Normalized Incurred Claims \$ PMPM* | Normalized Annualize d Rolling |            |            |         |
|--|----------|---------------|----------------------------------|---------------------|------------|------------|------------------------|-----------------------------|--------------|-------------------------------------|--------------------------------|------------|------------|---------|
|  |          |               |                                  | Rolling 12 Mo Trend | 6 Mo Trend | 3 Mo Trend |                        |                             |              |                                     | 12 Mo Trend                    | 6 Mo Trend | 3 Mo Trend |         |
| Jan-2016   | 5,836    | \$13.56       |                                  |                     |            | 1.00       | 1.00                   | 1.00                        | \$13.56      |                                     |                                |            |            |         |
| Feb-2016   | 6,018    | \$14.10       |                                  |                     |            | 1.00       | 1.00                   | 1.00                        | \$14.08      |                                     |                                |            |            |         |
| Mar-2016   | 6,513    | \$15.70       |                                  |                     |            | 1.01       | 1.01                   | 1.00                        | \$15.51      |                                     |                                |            |            |         |
| Apr-2016   | 6,698    | \$15.86       |                                  |                     |            | 1.00       | 1.01                   | 1.00                        | \$15.69      |                                     |                                |            |            |         |
| May-2016   | 6,903    | \$14.56       |                                  |                     |            | 1.01       | 1.01                   | 1.00                        | \$14.40      |                                     |                                |            |            |         |
| Jun-2016   | 7,061    | \$16.91       |                                  |                     | 40.44%     | 1.01       | 1.01                   | 1.00                        | \$16.70      |                                     |                                | 36.98%     |            |         |
| Jul-2016   | 7,134    | \$18.90       |                                  |                     | 47.47%     | 1.01       | 1.00                   | 1.00                        | \$18.69      |                                     |                                | 45.67%     |            |         |
| Aug-2016   | 7,164    | \$18.78       |                                  |                     | 97.09%     | 1.01       | 1.00                   | 1.00                        | \$18.59      |                                     |                                | 97.08%     |            |         |
| Sep-2016   | 7,235    | \$19.46       |                                  |                     | 112.14%    | 1.01       | 1.00                   | 1.00                        | \$19.29      |                                     |                                | 113.38%    |            |         |
| Oct-2016   | 7,250    | \$22.62       |                                  |                     | 112.31%    | 1.01       | 1.00                   | 1.00                        | \$22.51      |                                     |                                | 115.54%    |            |         |
| Nov-2016   | 7,290    | \$18.59       |                                  |                     | 52.34%     | 1.01       | 1.00                   | 1.00                        | \$18.52      |                                     |                                | 55.61%     |            |         |
| Dec-2016   | 7,525    | \$23.05       |                                  |                     | 78.11%     | 60.42%     | 1.01                   | 0.99                        | 1.00         | \$23.13                             |                                | 79.20%     | 65.75%     |         |
| Jan-2017   | 9,781    | \$12.30       |                                  |                     | 36.61%     | -45.30%    | 1.02                   | 1.01                        | 1.00         | \$11.89                             |                                | 37.03%     | -45.67%    |         |
| Feb-2017   | 10,303   | \$9.56        |                                  |                     | 0.40%      | -75.64%    | 1.02                   | 1.02                        | 1.00         | \$9.18                              |                                | 0.24%      | -76.88%    |         |
| Mar-2017   | 11,249   | \$17.20       |                                  |                     | -9.72%     | -85.80%    | 1.03                   | 1.02                        | 1.00         | \$16.32                             |                                | -11.66%    | -88.03%    |         |
| Apr-2017   | 11,325   | \$16.03       |                                  |                     | -28.50%    | -53.64%    | 1.03                   | 1.02                        | 1.00         | \$15.22                             |                                | -31.43%    | -60.53%    |         |
| May-2017   | 11,393   | \$16.39       |                                  |                     | -35.05%    | 83.54%     | 1.03                   | 1.02                        | 1.00         | \$15.58                             |                                | -38.79%    | 61.07%     |         |
| Jun-2017   | 11,435   | \$19.25       |                                  |                     | -43.11%    | 193.63%    | 1.03                   | 1.02                        | 1.00         | \$18.29                             |                                | -47.77%    | 185.95%    |         |
| Jul-2017   | 11,593   | \$18.92       |                                  |                     | -24.34%    | 154.42%    | 1.03                   | 1.02                        | 1.00         | \$17.96                             |                                | -30.42%    | 152.93%    |         |
| Aug-2017   | 11,703   | \$20.72       |                                  |                     | 15.28%     | 98.72%     | 1.03                   | 1.02                        | 1.00         | \$19.64                             |                                | 6.45%      | 98.32%     |         |
| Sep-2017   | 11,727   | \$20.71       |                                  |                     | 27.08%     | 86.10%     | 1.03                   | 1.02                        | 1.00         | \$19.70                             |                                | 19.68%     | 85.60%     |         |
| Oct-2017   | 11,763   | \$21.42       |                                  |                     | 55.45%     | 75.96%     | 1.03                   | 1.02                        | 1.00         | \$20.39                             |                                | 49.17%     | 74.20%     |         |
| Nov-2017   | 11,675   | \$24.43       |                                  |                     | 82.28%     | 62.93%     | 1.03                   | 1.02                        | 1.00         | \$23.36                             |                                | 78.02%     | 65.68%     |         |
| Dec-2017   | 11,597   | \$23.33       |                                  |                     | 3.82%      | 99.62%     | 72.49%                 | 1.03                        | 1.01         | 1.00                                | \$22.41                        | -0.39%     | 99.73%     | 77.32%  |
| Jan-2018   | 25,019   | \$11.81       |                                  |                     | 1.76%      | 35.65%     | -49.83%                | 1.01                        | 1.03         | 1.00                                | \$11.30                        | -2.13%     | 36.68%     | -48.28% |
| Feb-2018   | 25,021   | \$12.81       |                                  |                     | 4.39%      | -9.54%     | -82.32%                | 1.01                        | 1.03         | 1.00                                | \$12.28                        | 0.68%      | -8.27%     | -81.91% |
| Mar-2018   | 25,121   | \$17.04       |                                  |                     | 3.35%      | -19.16%    | -86.83%                | 1.01                        | 1.03         | 1.00                                | \$16.35                        | 0.27%      | -17.86%    | -86.70% |
| Apr-2018   | 25,026   | \$19.21       |                                  |                     | 5.35%      | -25.95%    | -26.00%                | 1.01                        | 1.03         | 1.00                                | \$18.47                        | 2.77%      | -24.56%    | -25.23% |
| May-2018   | 25,101   | \$19.20       |                                  |                     | 6.19%      | -36.74%    | 172.46%                | 1.01                        | 1.03         | 1.00                                | \$18.47                        | 4.08%      | -35.55%    | 175.45% |
| Jun-2018   | 25,200   | \$19.69       |                                  |                     | 5.55%      | -40.42%    | 283.07%                | 1.01                        | 1.03         | 1.00                                | \$19.18                        | 4.00%      | -39.23%    | 289.97% |
| Jul-2018   | 25,341   | \$20.19       |                                  |                     | 6.18%      | -9.92%     | 113.14%                | 1.01                        | 1.03         | 1.00                                | \$19.47                        | 5.14%      | -8.45%     | 116.27% |
| Aug-2018   | 25,424   | \$21.69       |                                  |                     | 5.98%      | 28.81%     | 54.09%                 | 1.01                        | 1.03         | 1.00                                | \$20.92                        | 5.49%      | 30.66%     | 56.10%  |
| Sep-2018   | 25,568   | \$21.24       |                                  |                     | 5.76%      | 45.10%     | 37.46%                 | 1.01                        | 1.03         | 1.00                                | \$20.49                        | 5.73%      | 46.97%     | 38.38%  |
| Oct-2018   | 25,520   | \$24.81       |                                  |                     | 7.90%      | 57.92%     | 70.60%                 | 1.01                        | 1.02         | 1.00                                | \$23.98                        | 8.38%      | 59.68%     | 71.68%  |
| Nov-2018   | 25,507   | \$23.30       |                                  |                     | 5.52%      | 72.65%     | 58.94%                 | 1.01                        | 1.02         | 1.00                                | \$22.54                        | 6.34%      | 74.47%     | 60.04%  |
| Last Month in Experience Period  | Dec-2018 | 25,485        | \$26.21                          | 6.86%               | 89.01%     | 92.22%     | 1.01                   | 1.02                        | 1.00         | \$25.43                             | 8.10%                          | 91.10%     | 95.01%     |         |

Trend & Projection Assumptions For RX Specialty Claims

Historical Experience (ACA Only) Basis: Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "All

| Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only) | Month  | Member Months | Monthly Incurred Claims \$ PMPM* | Rolling 12 Mo Trend | Annualize 6 Mo Trend | Annualize 3 Mo Trend | Average Benefit Factor | Average Age/Gen'd er Factor | Other Factor | Normalized Monthly Incurred Claims \$ PMPM* | Normalized Rolling 12 Mo Trend | Normalized Annualize 6 Mo Trend | Normalized Annualize 3 Mo Trend |         |
|--|--------|---------------|----------------------------------|---------------------|----------------------|----------------------|------------------------|-----------------------------|--------------|---|--------------------------------|---------------------------------|---------------------------------|---------|
|  |        |               |                                  |                     |                      |                      |                        |                             |              |   |                                |                                 |                                 |         |
| Jan-2016   | 5,836  | \$19.06       |                                  |                     |                      | 1.00                 | 1.00                   | 1.00                        | \$19.06      |   |                                |                                 |                                 |         |
| Feb-2016   | 6,018  | \$24.30       |                                  |                     |                      | 1.00                 | 1.00                   | 1.00                        | \$24.27      |   |                                |                                 |                                 |         |
| Mar-2016   | 6,513  | \$27.02       |                                  |                     |                      | 1.01                 | 1.01                   | 1.00                        | \$26.70      |   |                                |                                 |                                 |         |
| Apr-2016   | 6,698  | \$20.26       |                                  |                     |                      | 1.00                 | 1.01                   | 1.00                        | \$20.05      |   |                                |                                 |                                 |         |
| May-2016   | 6,903  | \$36.13       |                                  |                     |                      | 1.01                 | 1.01                   | 1.00                        | \$35.73      |   |                                |                                 |                                 |         |
| Jun-2016   | 7,061  | \$34.02       |                                  |                     |                      | 1.01                 | 1.01                   | 1.00                        | \$33.60      |   |                                |                                 | 163.94%                         |         |
| Jul-2016   | 7,134  | \$30.94       |                                  |                     |                      | 1.01                 | 1.00                   | 1.00                        | \$30.59      |   |                                |                                 | 294.27%                         |         |
| Aug-2016   | 7,164  | \$34.82       |                                  |                     |                      | 1.02                 | 1.00                   | 1.00                        | \$34.47      |   |                                |                                 | 102.10%                         |         |
| Sep-2016   | 7,235  | \$36.40       |                                  |                     |                      | 54.32%               | 1.01                   | 1.00                        | 1.00         | \$35.11                                     |                                |                                 | 55.29%                          |         |
| Oct-2016   | 7,250  | \$34.05       |                                  |                     |                      | 13.60%               | 1.01                   | 1.00                        | 1.00         | \$33.88                                     |                                |                                 | 15.24%                          |         |
| Nov-2016   | 7,290  | \$29.24       |                                  |                     |                      | -4.39%               | 1.01                   | 1.00                        | 1.00         | \$29.11                                     |                                |                                 | -2.38%                          |         |
| Dec-2016   | 7,525  | \$26.54       |                                  | 37.34%              | -38.27%              | 1.01                 | 0.99                   | 1.00                        | \$26.63      |   | 38.09%                         | -36.35%                         |                                 |         |
| Jan-2017   | 9,781  | \$20.85       |                                  |                     |                      | 4.47%                | -72.91%                | 1.02                        | 1.01         | 1.00  | \$20.15                        |                                 | -4.69%                          | -73.30% |
| Feb-2017   | 10,303 | \$24.61       |                                  |                     |                      | -17.71%              | -72.55%                | 1.02                        | 1.02         | 1.00  | \$23.64                        |                                 | -18.34%                         | -74.56% |
| Mar-2017   | 11,249 | \$34.29       |                                  |                     |                      | -22.79%              | -34.34%                | 1.03                        | 1.02         | 1.00  | \$32.53                        |                                 | -25.09%                         | -44.56% |
| Apr-2017   | 11,325 | \$28.04       |                                  |                     |                      | -35.97%              | 81.48%                 | 1.03                        | 1.02         | 1.00  | \$26.63                        |                                 | -39.04%                         | 56.22%  |
| May-2017   | 11,393 | \$36.27       |                                  |                     |                      | -25.10%              | 248.98%                | 1.03                        | 1.02         | 1.00  | \$33.54                        |                                 | -39.88%                         | 213.77% |
| Jun-2017   | 11,435 | \$41.10       |                                  |                     |                      | -4.67%               | 180.36%                | 1.03                        | 1.02         | 1.00  | \$39.06                        |                                 | -12.36%                         | 173.24% |
| Jul-2017   | 11,593 | \$40.23       |                                  |                     |                      | 32.68%               | 218.47%                | 1.03                        | 1.02         | 1.00  | \$38.20                        |                                 | 22.31%                          | 215.79% |
| Aug-2017   | 11,703 | \$38.00       |                                  |                     |                      | 69.38%               | 123.22%                | 1.03                        | 1.02         | 1.00  | \$36.03                        |                                 | 57.36%                          | 122.80% |
| Sep-2017   | 11,727 | \$41.19       |                                  |                     |                      | 76.08%               | 70.76%                 | 1.03                        | 1.02         | 1.00  | \$39.19                        |                                 | 67.30%                          | 70.30%  |
| Oct-2017   | 11,763 | \$39.77       |                                  |                     |                      | 105.74%              | 8.24%                  | 1.03                        | 1.02         | 1.00  | \$37.86                        |                                 | 98.94%                          | 8.40%   |
| Nov-2017   | 11,676 | \$32.22       |                                  |                     |                      | 83.29%               | -18.89%                | 1.03                        | 1.02         | 1.00  | \$30.81                        |                                 | 80.15%                          | -17.67% |
| Dec-2017   | 11,597 | \$34.21       | 16.39%                           |                     |                      | 46.83%               | -37.37%                | 1.03                        | 1.01         | 1.00  | \$32.86                        | 11.71%                          | 46.75%                          | -35.72% |
| Jan-2018   | 25,019 | \$25.71       | 15.66%                           |                     |                      | -2.48%               | -70.11%                | 1.01                        | 1.03         | 1.00  | \$24.60                        | 11.18%                          | -1.83%                          | -69.19% |
| Feb-2018   | 25,021 | \$24.87       | 13.66%                           |                     |                      | -27.20%              | -73.93%                | 1.01                        | 1.03         | 1.00  | \$23.85                        | 9.76%                           | -26.20%                         | -73.31% |
| Mar-2018   | 25,121 | \$29.37       | 8.80%                            |                     |                      | -37.87%              | -67.92%                | 1.01                        | 1.03         | 1.00  | \$28.18                        | 5.75%                           | -36.89%                         | -67.57% |
| Apr-2018   | 25,026 | \$33.70       | 8.62%                            |                     |                      | -44.27%              | -0.11%                 | 1.01                        | 1.03         | 1.00  | \$32.41                        | 6.11%                           | -43.22%                         | 0.94%   |
| May-2018   | 25,101 | \$36.89       | 9.22%                            |                     |                      | -38.21%              | 133.05%                | 1.01                        | 1.03         | 1.00  | \$35.51                        | 7.30%                           | -37.01%                         | 135.87% |
| Jun-2018   | 25,200 | \$31.59       | 4.23%                            |                     |                      | -34.84%              | 166.68%                | 1.01                        | 1.03         | 1.00  | \$30.47                        | 2.98%                           | -33.70%                         | 171.53% |
| Jul-2018   | 25,341 | \$41.48       | 3.01%                            |                     |                      | -3.99%               | 144.66%                | 1.01                        | 1.03         | 1.00  | \$40.00                        | 2.31%                           | -2.37%                          | 148.26% |
| Aug-2018   | 25,424 | \$42.56       | 3.94%                            |                     |                      | 35.54%               | 79.38%                 | 1.01                        | 1.03         | 1.00  | \$41.05                        | 2.76%                           | 37.55%                          | 81.69%  |
| Sep-2018   | 25,568 | \$39.00       | 2.40%                            |                     |                      | 62.76%               | 110.15%                | 1.01                        | 1.03         | 1.00  | \$37.62                        | 2.66%                           | 64.89%                          | 111.62% |
| Oct-2018   | 25,520 | \$42.98       | 2.43%                            |                     |                      | 77.87%               | 64.33%                 | 1.01                        | 1.02         | 1.00  | \$41.54                        | 3.11%                           | 79.84%                          | 65.36%  |
| Nov-2018   | 25,507 | \$40.23       | 3.82%                            |                     |                      | 69.48%               | 24.57%                 | 1.01                        | 1.02         | 1.00  | \$38.91                        | 4.79%                           | 71.28%                          | 25.41%  |
| Dec-2018   | 25,485 | \$39.26       | 3.61%                            |                     |                      | 81.63%               | -1.78%                 | 1.01                        | 1.02         | 1.00  | \$38.08                        | 4.83%                           | 83.62%                          | -0.40%  |

Last Month in Experience Period



May 9, 2019

Mr. Dana Houlihan  
Director, Plan Management & Enrollment Policy  
VT Health Connect  
Department of Vermont Health Access  
*Via Email Only*

**RE: STATE OF VERMONT ACTUARIAL VALUE CERTIFICATION FOR 2020 STANDARD PLAN DESIGNS**

Dear Dana:

This memo replaces an earlier version provided on March 14, 2019 to accommodate changes to the Maximum Out of Pocket (MOOP) between the draft and final regulations and the minimum deductible required for High Deductible Health Plans (HDHPs). Additionally, minor changes were made to the language in the memo to reflect the release of the final Actuarial Value Calculator (AVC). At the time of the original memo, only the draft version was available. No changes were required to the plan designs to accommodate the final AVC.

The final Notice of Benefit and Payment Parameters (NBPP)<sup>1</sup> for the 2020 plan year was released on April 18, 2019. The NBPP finalized a single annual limit, or MOOP of \$8,150, reduced from the proposed limit in the draft NBPP of \$8,200. Therefore, changes were required to both the Silver and Bronze HDHPs and the Bronze Deductible Plan (with drug limit) in order to meet this requirement. The NBPP also finalized a MOOP for the 73% Cost sharing reduction (CSR) plans of \$6,500, reduced from the proposed limit in the draft NBPP of \$6,550. Therefore changes were also required to the 73% CSR Silver Deductible plan.

The Internal Revenue Code for 2020 per § 223(c)(2)(A), has not yet been released. However, it is estimated that the individual minimum deductible for HDHPs will increase \$50 to \$1,400<sup>2</sup> from the 2019 minimum at \$1,350. Vermont's statute (H.559 Sec. 32. 8 V.S.A. § 4089) on prescription drug deductibles and MOOPs, is tied to the same minimum deductible for HDHPs. This statute is described in more detail below. The prior memo did not incorporate any changes to the HDHP plans as the data to estimate the limits had not yet been released. We have updated the Silver and Bronze HDHPs to have a pharmacy deductible and pharmacy MOOP equal to the anticipated IRS minimum of \$1,400 in order to maintain status as an HDHP. Similar changes were made to

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<sup>1</sup> <https://www.federalregister.gov/documents/2019/04/25/2019-08017/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2020>

<sup>2</sup> <https://thefinancebuff.com/hsa-contribution-limits.html>

the CSR designs tied to the silver HDHP at the 73% and 77% AV levels. The deductible plans were not updated since they do not need to comply with the IRS limits and they continue to comply with the Vermont statute. The prescription drug deductibles for the deductible plans may be updated for 2021 to be consistent with the HDHPs.

As these changes are required to meet federal guidance, they do not require formal approval from the Green Mountain Care Board (GMCB). However, it is our understanding that a summary of the changes will be provided to GMCB for their information.

The Affordable Care Act (ACA) requires that health care coverage provided by issuers to non-grandfathered individual and small groups must cover all Essential Health Benefits (EHBs) and have plan designs that have Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV), or Bronze (60% AV) tiers.

The State of Vermont (State) is standardizing several plan designs that all issuers offering plans in the Exchange, Vermont Health Connect, must offer. Issuers must offer the standard plan designs in the individual and small group merged market. In 2019, one Platinum, one Gold, two Silver, and three Bronze standard plan designs were developed for Vermont Health Connect. There is a traditional deductible plan at each of the Platinum, Gold, and Silver metal levels, with two at the Bronze level, and a High Deductible Health Plan (HDHP) at each of the Silver and Bronze levels. The 2019 standard plan designs are all continuing in 2020.

For each of the Silver standard plan designs, the cost sharing reduction plan designs are also standard. CSR plan designs were developed at each of the 73% (Federal), 77% (Vermont specific), 87% (Federal), and 94% (Federal) AV levels.

The State contracted with Wakely Consulting Group, LLC (Wakely) to assist in the development of the 2020 standard plan designs and to provide an actuarial certification of the actuarial values of the state's standard plan designs that do not fit within the parameters of the Federal calculator and require adjustment. This memo documents the approved 2020 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A.

A list of the changes from the 2019 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum – the primary care and mental health/substance abuse office visit copays, specialist office visit copays, urgent care copays, generic pharmacy copays, and ambulance copays were all increased and the physical therapy and chiropractic services copays were decreased

- Gold – the medical deductible, medical Maximum Out of Pocket (MOOP), primary care and mental health/substance abuse office visit copays, specialist office visit copays, urgent care copays and ambulance copays were increased
- Silver Deductible – the medical deductible, pharmacy deductible, combined medical/pharmacy MOOP, inpatient/outpatient/radiology coinsurance, primary care and mental health/substance abuse office visit copays, specialist office visit copays, urgent care copays, and chiropractic services copays were all increased and the physical therapy copays were decreased
- Bronze Deductible with Pharmacy Limit – the medical deductible, pharmacy deductible, combined medical/pharmacy MOOP and chiropractic services copays were all increased and the physical therapy copays were decreased
- Bronze Deductible without Pharmacy Limit – the combined medical/pharmacy deductible and combined medical/pharmacy MOOP, and chiropractic services copays were increased and the physical therapy copays were decreased
- Silver HDHP – the medical deductible, combined medical/pharmacy MOOP and the embedded individual combined medical/pharmacy MOOP were increased
- Bronze HDHP – the medical deductible, combined medical/pharmacy MOOP and the embedded individual combined medical/pharmacy MOOP were increased

In addition to the standard plans, starting in 2016 the State of Vermont requests that issuers offer a Gold plan where the deductible and MOOP are set at the same amount. This means that once the deductible is met, the plan pays 100% of all services. Unlike the standard plans, it is not required that issuers offer this plan, but it is highly recommended. The issuer may determine the amount at which to set the deductible and MOOP, as long as they are equal and the resulting plan falls in the Gold tier. Since the amounts are to be determined by the issuers, these plans are not included within this memo.

## Regulatory Background

The ACA allows for a -4% to +2% de minimis range around the target AVs for each metal level. For example, any plan design that has an AV from 66% to 72% is considered a Silver plan. Bronze plan designs meeting certain criteria are eligible for an expanded range of +5% on the higher end, allowing an AV up to 65% compared to a high end at 62%. Applicable plans include High Deductible Health Plans and plans that cover at least one major service, other than preventive, prior to the deductible. Of the Vermont standard plan designs, two of the three Bronze plans qualify for the expanded range.

The Center for Consumer Information and Insurance Oversight (CCIIO) has released the Final 2020 Actuarial Value Calculator<sup>3</sup> that issuers must use to determine the AV of a plan. While CCIIO anticipates that most plans will be able to use the AVC without modification, some plan designs have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these designs is required.

The federal HDHP minimum deductible and MOOP limits are not yet released for 2020. The 2019 minimum deductible and MOOP were \$1,350 and \$6,750, respectively. Historically, the deductible has increased \$50 every two to three years and the MOOP increases around \$100 a year on average, though neither changed from 2016 to 2017. Based on information released to date, it is anticipated that the federal HDHP minimum deductible for 2020 will increase from \$1,350 to \$1,400. Therefore, both the Silver and Bronze HDHPs and associated CSR plan designs have been updated to meet this requirement.

## CSR Loading

As of 2019, Act No. 88 (Bill S.19) requires the premiums of the Silver on-Exchange plans to reflect the cost of funding for CSR subsidies, following the announcement that federal funding would cease. This resulted in a “CSR load” to these plans such that the Silver premiums are higher than they would have been without the CSR load. For individuals who are not eligible for premium subsidies (and are therefore not protected from the CSR load), issuers offer “reflective” off-Exchange Silver plans whose premiums have not been increased for the CSR load and have only a minor difference in plan design compared to their on-Exchange counterparts. These plans will continue in 2020. However, there is no guarantee that CSR silver loading will continue in 2021.

The off-Exchange “reflective” plans will have a \$5 copay or 5% coinsurance increase on ambulance services compared to the on-Exchange plans. These differentials apply to both standard and non-standard Silver plans. A comparison of the standard Silver on and off-Exchange plan designs are shown in Appendix C. As ambulance services are not explicitly included in the AVC and the differences in cost sharing are minimal, there is no difference in the calculation of the federal AV for these plans. Unless otherwise noted, in the Appendices the cost sharing for ambulance services represents the on-Exchange plan design.

In the event there is a Silver plan approved with 100% coinsurance, the off-Exchange “reflective” plan will have a \$25 deductible and MOOP increase compared to the on-Exchange plan. Unlike the ambulance cost sharing above, this difference will impact the AV. The issuer submitting such

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<sup>3</sup> <http://www.cms.gov/CCIIO/Resources/Regulations-and-guidance/index.html>

a plan will need to ensure that both the on and off-Exchange plan designs fit within the AV requirements. Since this is for non-standard plans only, these plans are not included within this memo.

## Chiropractic and Physical Therapy Copays

Act No. 7 (Bill S.1), relating to copayment limits for chiropractic care and physical therapy, was signed into law June 25, 2018. Act No. 7 requires that the copay for chiropractic services for Silver and Bronze metal level plans be no more than the copay applicable to services provided by a primary care provider (PCP) in 2019. For 2020, Act No. 7 requires the copay for chiropractic services for Silver and Bronze metal level plans to be between 125% and 150% of the PCP copay. The Federal actuarial value calculator does not account for all service categories and chiropractic services is one of those that is not explicitly included in the calculator. As noted in the “Actuarial Value Considerations” section below, CCIO has stated and regulations dictate that modifications should be made only for substantial differences. We have not previously made adjustments to the results of the AVC to reflect chiropractic services cost sharing and do not feel that this regulation would warrant a change to that methodology. Therefore, no adjustments have been made to the actuarial value calculations and certification included in this memo for chiropractic services.

Act No. 7 also requires that the copay for physical therapy services for Silver and Bronze metal level plans to be between 125% and 150% of the PCP copay starting in 2020 (there was no change to physical therapy services in 2019). The AVC does account for physical therapy services. Prior to 2019 and 2020, chiropractic and physical therapy services, respectively, were subject to the same copay as specialist office visits. The changes to the copays for chiropractic and physical therapy services are reflected in the plan designs to follow.

## Actuarial Value Considerations

A summary of Vermont’s standard plan designs is in Appendix E. Four of the standard plan designs (and the cost sharing reduction plan designs) have features not supported by the AVC and thus an actuarial certification is required. The remaining standard plan designs have features that may warrant an AV adjustment but no explicit adjustment or actuarial certification has been done for these plans. In developing these standard plan designs and the resulting actuarial certification, Wakely also followed applicable Actuarial Standards of Practice (ASOP) as detailed in Appendix D and including:

- ASOP No. 23 Data Quality;
- ASOP No. 25 Credibility Procedures;
- ASOP No. 41 Actuarial Communications; and

- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.

Both Silver plans and two of the three Bronze plans have design features that are both significant and not supported by the AVC. The Silver cost sharing reduction plan designs have similar features. While most plans have some subtleties in their design that are not supported by the AVC, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. The four potential substantial differences that Wakely considered include:

- Family deductible and MOOPs. There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate<sup>4</sup>. The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs although the family stacked AV will be higher in most instances. Most HDHP plans use the aggregate application of deductible and MOOPs which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that due to the new regulation in 2016, if the family MOOP is more than the single limit of \$8,150, the MOOP must either be stacked or there must be an embedded individual MOOP of \$8,150. Wakely had previously developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.
- Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (expected to be \$1,400 and \$2,800 for individual and family coverage in 2020, though these amounts are not yet final). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,400 and \$2,800 for individual and family coverage in 2020) is met, but the amount may be met with either medical or prescription drug claims. This means that

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<sup>4</sup> Stacked deductibles and MOOPs are typical in traditional deductible plans where the individual deductible and MOOP apply to each member of a contract and the family deductible and MOOP is used as a protection for contracts where multiple members have claims. For example, if the family MOOP is two times the individual MOOP but three members of a contract all would have reached their individual MOOP, it limits the family's liability to two times the individual MOOP.

Aggregate deductible and MOOPs are typical in HDHPs where all claims for all members of a non-single contract accumulate to the family deductible and MOOP. For two person or family contracts where only one member has significant claims, the member still must reach the higher deductible and MOOP amounts which makes the average member liability higher under an aggregate deductible.

for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach \$1,400 for individual or \$2,800 for family, regardless of what the medical deductible amount is. Similarly, the MOOP for only drug claims (including amounts used to accumulate to the deductible) is \$1,400 or \$2,800, regardless of the amount of the overall MOOP which will include both drug and medical claims.

Since for an integrated deductible and MOOP, only one amount is able to be input in the AVC, the value of the lower drug deductible and MOOP cannot be modeled in the AVC. This statute has a significant impact on AV, particularly at the lower AV tiers where the difference between the medical and prescription drug deductible and MOOP is greater. Wakely has developed a model to account for Vermont's prescription drug regulation and thus, where appropriate, a specific adjustment has been made to the AVs using this model.

- In the current market, most Vermont HDHPs waive the deductible for preventive prescription drugs. This is another plan feature not currently supported by the AVC. Wakely has not analyzed the exact portion of drugs this represents and this may vary by issuer. The impact to AV would only apply to drug costs that would normally be incurred prior to the member reaching the deductible. Any costs after the deductible is met and after the MOOP is met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. Based on some high level estimates, Wakely believes the impact to AV for this design feature is likely around 0.5%. Since Wakely did not quantify the exact adjustment of the preventive drug difference for HDHPs, Wakely did not make a specific adjustment but did make sure that any AVs developed for HDHPs were at least 0.5% below the high end of the de minimis range in order to account for this increased benefit. It is expected that the impact for these drugs would be highest for the Bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase). Given the issuers now have credible data on the portion of claims that are preventive prescription drugs, it is recommended that the appropriateness of this adjustment is analyzed for the 2021 plan designs.
- If a plan covers pediatric dental, starting in 2015 there can be no cost sharing for Class I (basic) pediatric oral health essential health benefits. Appendix F contains a list of the dental procedure codes that are classified as Class I and have no cost sharing. Pediatric dental is not explicitly reflected in the federal AVC. It is included as part of the "other" benefits which are assumed to have average cost sharing for the plan. The reduction in cost sharing for the Class I benefits will result in a higher AV than what is modeled in the AVC, particularly for the higher deductible plans. For 2019 and prior, Wakely made sure that any AV's developed were at least 0.5% below the high end of the de minimis range in order to account for the lower cost sharing. For 2020, Wakely removed the 0.5% adjustment. The issuers each reviewed the appropriateness of the adjustment and had no

issues with eliminating the adjustment. Therefore, no adjustment was made for the lower cost sharing of this benefit in 2020.

There are other potential design features for which adjustments could be made. However, given the expectation that adjustments be made for only the most substantive deviations, Wakely does not believe additional adjustments are warranted. It is also important to note that the bucketing of claims and the methodology used to calculate the AVC are not always clearly defined. Thus, at times it is difficult to ascertain whether an adjustment is warranted and how that adjustment would be estimated.

As stated, Wakely made explicit adjustments to account for the stacked and aggregate family deductible/MOOP and Vermont’s prescription drug regulation. These adjustments are described in detail in the Methodology section. For the preventive prescription drug benefits, Wakely did not make an explicit adjustment but did allow cushion in the AV such that an increase of up to 0.5% would not result in the AV falling outside of the required range. The table below shows the acceptable range for each standard plan design after accounting for this cushion where an explicit adjustment was not made.

|   | Plan                        | Adjusted Acceptable Range |
|---|-----------------------------|---------------------------|
| <b>Deductible Plans</b>                                       | Platinum                    | 86.0%-92.0%               |
|   | Gold                        | 76.0%-82.0%               |
|   | Silver                      | 66.0%-72.0%               |
|   | Bronze (with drug limit)    | 56.0%-62.0%               |
|   | Bronze (without drug limit) | 56.0%-65.0%               |
| <b>HDHPs</b>  | Silver - Embedded MOOP      | 66.0%-71.5%               |
|   | Bronze - Embedded MOOP      | 56.0%-64.5%               |
| <b>Cost Sharing Reduction Plan Designs - Deductible Plans</b> | 250-300% FPL (73% AV)       | 72.0%-74.0%               |
|   | 200-250% FPL (77% AV)       | 76.0%-78.0%               |
|   | 150-200% FPL (87% AV)       | 86.0%-88.0%               |
|   | 133-150% FPL (94% AV)       | 93.0%-95.0%               |
| <b>Cost Sharing Reduction Plan Designs - HDHPs</b>            | 250-300% FPL (73% AV)       | 72.0%-73.5%               |
|   | 200-250% FPL (77% AV)       | 76.0%-77.5%               |
|   | 150-200% FPL (87% AV)       | 86.0%-87.5%               |
|   | 133-150% FPL (94% AV)       | 93.0%-94.5%               |

The table in Appendix G shows all plan designs for which adjustments were made, the adjustments considered, the original AV from the AVC, and the final adjusted AV.

## Methodology

Since several of the standard plan designs have features not supported by the AVC, Wakely developed a model to capture the impact of these features on the AV. It was anticipated that the AVC would not accommodate all of the Vermont plan design features and this model was developed several months prior to the draft 2014 AVC being released. While there are similarities in the data used (for example, both models include all members regardless of duration), there are also differences.

If a plan does have substantive differences from what the AVC allows, there are two allowed approaches defined in the federal regulations. The first allows the actuary to adjust the inputs of the plan design to “fit” it into the AVC. The second allows the actuary to put in as many of the design features as possible into the AVC and then adjust the resulting AV to account for the unique design features. Wakely determined the second approach was most appropriate for the Vermont plan design differences. Thus for the plan designs where adjustments were made, Wakely first input as much of the plan design as possible into the AVC and then modified the resulting AV to account for the unique features.

The following discusses the model that Wakely developed and the process used to adjust the actuarial values from the AVC.

### **Vermont-Specific Adjustment Model**

Anticipating the need to quantify some of Vermont’s unique plan design features, in mid-2012 Wakely developed a model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont’s prescription drug regulation. For the 2020 Plan Designs, this model was updated with more recent Vermont-specific ACA data.

In developing the model, Wakely was provided with membership and medical and pharmacy claims data extracts from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Filters were then applied to the data to target the most appropriate population for the model and reduce the amount of records included. The data used included:

- Small group and individual ACA markets
- Allowed medical and prescription drug data that was incurred in 2017
- Products types HMO (non-Medicare risk), PPO, POS and EPO
- Excluded claims marked as denied, out-of-state, and duplicates

After all filters were applied, the remaining data included allowed claims and membership for approximately 825,000 member months.

The methodology developed for the model does not use the traditional approach of continuance tables. When determining the paid claims and resulting actuarial value of the plan designs where the prescription drug regulation is a factor, the order in which the claims occur is important. Continuance tables fail to recognize the impact of the order of the claims on actuarial values. Thus, the model re-prices the claims based on the inputs provided in the model rather than rely on continuance tables.

The model allows a user to enter the following:

- Medical and Prescription drug deductible amounts for both individual and family contracts. These amounts can differ but the model assumes the amounts are always integrated, or that both medical and drug claims will accumulate to both deductibles, even if different amounts.
- Medical and prescription drug maximum out of pocket amounts for both individual and family contracts. These amounts can differ and the model allows for different treatment of the MOOPs as noted below.
- Medical and prescription drug coinsurance amounts. If the plan design includes copays, an effective coinsurance needs to be input.
- The structure of the deductibles and MOOPs. As can be seen in the table below, the model can distinguish between aggregate and stacked deductibles and MOOPs. It also allows for different accumulations of claims to the medical and prescription drug MOOPs. There are six structural selections available in the model, described in the table below. Option 5 is most closely aligned to the federal AVC. Option 6 represents the design of the Vermont HDHPs.

| Options | Costs that Accumulate |                              |              | Deductible / MOOP Type  |
|---------|-----------------------|------------------------------|--------------|---|
|         | Deductible            | Maximum Out-of-Pocket (MOOP) |              |   |
|         |                       | Medical                      | Rx           |   |
| 1       | Medical & Rx          | Medical & Rx                 | Rx Only      | Aggregate   |
| 2       | Medical & Rx          | Medical & Rx                 | Rx Only      | Stacked   |
| 3       | Medical & Rx          | Medical Only                 | Rx Only      | Aggregate   |
| 4       | Medical & Rx          | Medical Only                 | Rx Only      | Stacked   |
| 5       | Medical & Rx          | Medical & Rx                 | Medical & Rx | Stacked   |
| 6       | Medical & Rx          | Medical & Rx                 | Rx Only      | Aggregate Deductible /Aggregate MOOP with Embedded Ind MOOP (can also be used for Stacked MOOP) |

### Adjusted AV Calculations

Using the federal AV calculator and the model as outlined above, the following methodology was used to develop the adjusted AV calculations for the HDHPs:

1. The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
2. The model was used to determine the revised AV.
  - a. The same plan design input into the AVC was input into the model. The model only allows for coinsurance. Since the HDHP designs include copays, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were developed separately for medical and prescription drug services using the allowed weights and average cost per service from the federal AVC continuance tables for the relevant metal tier.
  - b. The model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.

- c. The plan design in the model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The application of deductible and MOOP was also changed to use an aggregate family deductible and family MOOP with an embedded individual MOOP equal to \$8,150.
3. The resulting AV from the model is used as the final AV for tier placement.

The model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze plan with the pharmacy limit<sup>5</sup> and Silver deductible plans (and associated CSR plans) need to be adjusted to account for the lower prescription drug MOOP, but the deductible plan has separate medical and drug deductibles. Thus, the model was used but with a slight variation in methodology. The following highlight the differences in methodology used only for the Bronze and Silver Deductible plans.

1. Same as for HDHPs, as much of the plan design as possible was entered into the AVC. This is the unadjusted AV. The Bronze and Silver Deductible plans then need to be adjusted for the lower and separate prescription drug MOOP.
2. The model was used to develop the AV adjustments in a slightly different process than for the HDHPs.
  - a. Instead of normalizing the model to the AVC, the normalization factor for the Bronze or Silver HDHP was used.
  - b. The model cannot accommodate plan designs where both medical and drug claims do not accumulate to the deductible. Thus, the same plan design was entered into the model as in the AVC but the model selection indicated that both medical and drug claims accumulated to the deductible amounts.
  - c. The model was then re-run with the lower drug MOOP and to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The model continued to use a stacked application for deductible and MOOP since it is a traditional deductible plan.

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<sup>5</sup> Only the Bronze plan with the pharmacy limit needs to be adjusted. The Bronze plan without the pharmacy limit is not subject to the lower prescription drug MOOP and as such does not require an explicit adjustment to the AVC results.

3. The final AV is the ratio of the AV from 2c and 2b applied to the AV from the AVC in 1.

Appendix H includes screen shots from the AVC and the model for each plan design with an adjusted actuarial value. Also included is a summary of the AVs and in the instance of the Bronze and Silver Deductible plans, a calculation of the adjustment.

## Disclosures and Limitations

**Responsible Actuary.** Julie Peper and Brittney Phillips are the actuaries responsible for this communication. Julie is a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. Brittney is a Member of the American Academy of Actuaries and an Associate of the Society of Actuaries. They meet the Qualification Standards of the American Academy of Actuaries to issue this report.

**Intended Users.** This information has been prepared for the sole use of the State of Vermont and issuers within that state that will be submitting standard plan designs. Distribution to such parties should be made in its entirety. This report cannot be distributed to or relied on by any third party without the prior written permission of Wakely.

**Risks and Uncertainties.** The assumptions and resulting estimates included in this report and produced by the model are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan or pricing AV used to determine premium rates. Actual AVs will vary based on a plan's specific population, utilization, unit cost, and other variables.

**Conflict of Interest.** The responsible actuary is financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent to the State of Vermont and any issuer in the state.

**Data and Reliance.** We have relied on others for data and information used in the actuarial value adjustments. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly. Below is a list of data and assumptions provided by others and assumptions required by law.

- Final 2020 Federal AVC Model was relied on for the original AV. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with

expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and we make no warranties for the accuracy of the AVs that result from the AVC.

- VHCURES data supplied by the state was used in the development of the HDHP model.

**Subsequent Events.** Subsequent events to the date of this report that could impact the plan designs presented include, but are not limited to:

1. The federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2020. The 2020 minimum deductible and MOOP are estimated to be \$1,400 and \$6,900, respectively. The plan designs presented are compliant with the estimated 2020 HDHP limits and may need to change once the final 2020 HDHP limits are released, should they differ.
2. Other changes to regulations passed subsequent to this report.

**Contents of Actuarial Report.** This document and the supporting exhibits/files constitute the entirety of actuarial report and supersede any previous communications on the project.

**Deviations from ASOPS.** Wakely completed the analysis using sound actuarial practice. To the best of my knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations. A summary of ASOP compliance is listed in Exhibit D.

Exhibit A contains the formal actuarial certification. If you have any questions regarding this letter or the certification, please contact us.

Sincerely,



Julie A. Peper, FSA, MAAA  
Principal and Senior Consulting Actuary



Brittney Phillips, ASA, MAAA  
Consulting Actuary

## Appendix A

### **Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2020**

I, Brittney Phillips, am associated with the firm of Wakely Consulting Group, LLC (Wakely), am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by the State of Vermont to provide a certification of the actuarial value of the state's standard plan designs that are effective January 1, 2020 on Vermont Health Connect. This certification may not be appropriate for other purposes.

To the best of my information, knowledge and belief, the actuarial values provided with this certification are considered actuarially sound for purposes of § 156.135(b), according to the following criteria:

1. The final 2020 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
2. Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
3. The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
4. The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, one Bronze Deductible, Silver Deductible, Silver HDHP CSR 73%, Silver HDHP CSR 77%, Silver HDHP CSR 87%, Silver HDHP CSR 94%, Silver Deductible CSR 73%, Silver Deductible CSR 77%, Silver Deductible CSR 87%, and Silver Deductible CSR 94%) that will be effective as of January 1, 2020 for individual and group coverage sold on Vermont Health Connect.

The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

In developing the actuarial values, I have relied upon the federal Actuarial Value calculator and data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System

(VHCURES). I did not audit the data provided; however, I did review the data for reasonableness and consistency.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

A handwritten signature in black ink that reads "Brittney Phillips".

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Brittney Phillips, ASA, MAAA  
May 9, 2019

## Appendix B – Summary of Plan Design Changes from 2019 Designs

| Deductible Plans |  |  |
|------------------|--|--|
| Plan             | Platinum   | Gold   |
| <b>Changes</b>   | Increase PCP and MH/SA office visit copays from \$10 to \$15 | Increase medical deductible from \$850 to \$900              |
|                  | Increase specialist office visit copay from \$30 to \$40     | Increase Medical MOOP from \$4,700 to \$5,000                |
|                  | Decrease PT/chiro copays from \$30 to \$20                   | Increase PCP and MH/SA office visit copays from \$15 to \$20 |
|                  | Increase urgent care copays from \$40 to \$50                | Increase specialist office visit copay from \$30 to \$50     |
|                  | Increase Rx Generic copays from \$5 to \$10                  | Increase urgent care copay from \$40 to \$60                 |
|                  | Increase ambulance copays from \$50 to \$60                  | Increase ambulance copay from \$50 to \$70                   |

| Deductible Plans |  |  |
|------------------|--|--|
| Plan             | Silver   | Bronze w/ Rx Limit   |
| <b>Changes</b>   | Increase medical deductible from \$2,800 to \$3,200              | Increase medical deductible from \$5,500 to \$6,000              |
|                  | Increase Rx deductible from \$300 to \$350                       | Increase Rx deductible from \$900 to \$1000                      |
|                  | Increase combined medical/Rx OOPM from \$7,500 to \$7,900        | Increase combined medical/Rx OOPM from \$7,900 to \$8,150        |
|                  | Increase IP/OP/Radiology coinsurance from 40% to 50%             | Change PT/chiro copays from \$90 and \$35, respectively, to \$50 |
|                  | Increase PCP and MH/SA office visit copays from \$30 to \$35     |  |
|                  | Increase specialist office visit copay from \$75 to \$80         |  |
|                  | Change PT/chiro copays from \$75 and \$30, respectively, to \$50 |  |
|                  | Increase urgent care copay from \$85 to \$90                     |  |

| Deductible Plans |   |
|------------------|---|
| Plan             | Bronze w/o Rx Limit   |
| <b>Changes</b>   | Increase medical deductible from \$7,600 to \$7,900               |
|                  | Increase combined medical/Rx OOPM from \$7,600 to \$7,900         |
|                  | Change PT/chiro copays from \$100 and \$40, respectively, to \$60 |

| HDHPs          |   |   |
|----------------|---|---|
| Plan           | Silver - Embedded MOOP                                    | Bronze - Embedded MOOP                                    |
| <b>Changes</b> | Increase medical deductible from \$1,550 to \$1,700       | Increase medical deductible from \$5,250 to \$5,500       |
|                | Increase Rx deductible and OOPM from \$1,350 to \$1,400   | Increase Rx deductible and OOPM from \$1,350 to \$1,400   |
|                | Increase combined medical/Rx OOPM from \$6,650 to \$6,750 | Increase combined medical/Rx OOPM from \$6,650 to \$6,750 |
|                | Increase embedded single OOPM from \$7,900 to \$8,150     | Increase embedded single OOPM from \$7,900 to \$8,150     |



## Appendix C – On and Off-Exchange Reflective Silver Standard Plan Designs

| Deductible/OOP Max                      | 2020 Plan Designs - Silver Deductible Plans |                        |
|---|---|------------------------|
|   | On-Exchange                                 | Off-Exchange           |
| Type of Plan                            | Deductible                                  | Deductible             |
| Medical Ded                             | \$3,200                                     | \$3,200                |
| Rx Ded                                  | \$350                                       | \$350                  |
| Integrated Ded                          | No  | No                     |
| Medical MOOP                            | \$7,900                                     | \$7,900                |
| Rx MOOP                                 | \$1,350                                     | \$1,350                |
| Integrated MOOP                         | Rx -No, Medical - Yes                       | Rx -No, Medical - Yes  |
| Family Deductible / OOP                 | Stacked, 2x Individual                      | Stacked, 2x Individual |
| Medical Deductible waived for:          | Prev, OV, UC, Amb                           | Prev, OV, UC, Amb      |
| Drug Deductible waived for:             | Generic scripts                             | Generic scripts        |
| Service Category                        | Copay / Coinsurance                         | Copay / Coinsurance    |
| Inpatient                               | 50%   | 50%                    |
| Outpatient                              | 50%   | 50%                    |
| ER                                      | \$250                                       | \$250                  |
| Radiology (MRI, CT, PET)                | 50%   | 50%                    |
| Preventive                              | \$0   | \$0                    |
| PCP Office Visit                        | \$35  | \$35                   |
| MH/SA Office Visit                      | \$35  | \$35                   |
| Chiropractic                            | \$45  | \$45                   |
| Physical Therapy                        | \$45  | \$45                   |
| Specialist Office Visit                 | \$80  | \$80                   |
| Urgent Care                             | \$90  | \$90                   |
| Ambulance                               | \$100                                       | <b>\$105</b>           |
| Rx Generic                              | \$15  | \$15                   |
| Rx Preferred Brand                      | \$60  | \$60                   |
| Rx Non-Preferred Brand                  | 50%   | 50%                    |
| Rx Specialty                            | 50%   | 50%                    |
| Actuarial Value                         |   |                        |
| 2020 Federal AVC, Adjusted if Necessary | 71.8%                                       | 71.8%                  |

| 2020 Plan Designs - Silver HDHP Plans  |  |
|--|--|
| On-Exchange  | Off-Exchange   |
| HSA Q/HDHP   | HSA Q/HDHP   |
| \$1,700  | \$1,700  |
| \$1,400  | \$1,400  |
| Yes  | Yes  |
| \$6,750  | \$6,750  |
| \$1,400  | \$1,400  |
| Yes  | Yes  |
| Aggregate with Combined Medical/Rx embedded \$8,150 Single OOPM; 2x Individual | Aggregate with Combined Medical/Rx embedded \$8,150 Single OOPM; 2x Individual |
| Preventive   | Preventive   |
| Wellness scripts   | Wellness scripts   |
| Copay / Coinsurance  | Copay / Coinsurance  |
| 30%  | 30%  |
| 30%  | 30%  |
| 30%  | 30%  |
| 30%  | 30%  |
| 0%   | 0%   |
| 10%  | 10%  |
| 10%  | 10%  |
| 30%  | 30%  |
| 30%  | 30%  |
| 30%  | 30%  |
| 30%  | 30%  |
| 30%  | <b>35%</b>   |
| \$10   | \$10   |
| \$40   | \$40   |
| 50%  | 50%  |
| 50%  | 50%  |
| 70.9%  | 70.9%  |

## Appendix D – Comments Relative to Applicable ASOPs

This appendix includes comments relative to the following applicable Actuarial Standards of Practice (ASOP).

1. ASOP No. 23, Data Quality;
2. ASOP No. 25, Credibility Procedures;
3. ASOP No. 41, Actuarial Communications; and
4. ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.

### **ASOP 23: Data Quality**

3.1 Overview – VHCURES data was used as the basis for the HDHP model and this data source was deemed reasonable for the analysis discussed in the management report.

3.2 Selection of Data - The data was considered reasonable for our analysis subject to the following considerations -

- a. The data sources contained all material data elements.
- b. The following considerations were reviewed as part of our analysis:
  1. Data was appropriate and sufficiently current.
  2. Data was reasonable and comprehensive of the necessary data elements.
  3. There were no known, material limitations of the data.
  4. No alternative data sets were reasonably available. The reliability of the data underlying our analysis did not require support from alternative data sets.
  5. Alternative data sets were not deemed necessary to complete the analysis.
  6. Sampling methods were not required.

3.3 Reliance on Data Supplied by Others - Reliance is discussed in the management report to which this appendix is attached.

3.4 Reliance on Other Information Relevant to the Use of Data - We relied on information contained in the report. We did not detect any material errors in the data provided and relied upon the data as part of our analysis.

3.5 Review of Data - We reviewed the data. Data definitions were included as part of the VHCURES data. Ultimately the data was reasonable with the adjustments discussed in our management report.

3.6 Limitation of the Actuary's Responsibility - We did not audit the data.

3.7 Use of Data– Use and adjustments to the data are discussed in this management report. In addition:

- a. We deem that the data are of sufficient quality to perform the analysis;
- b. The data did not require enhancement before the analysis could be performed
- c. The data was reasonable for the analysis and did not require adjustment beyond that discussed in the management report;
- d. We did not detect any material defects in any data source;
- e. The data were adequate to perform our analysis.

## **ASOP 25: Credibility Procedures**

The HDHP model uses data as its starting point. The experience used is fully credible and therefore no credibility blending or adjustments were necessary.

## **ASOP 41: Actuarial Communications**

This report and the actuarial memorandum submitted are consistent with the guidance in ASOP 41.

### 3.1 General Requirements for Actuarial Communications

3.1.1 Principal and Scope of Engagement – These results were developed to comply with § 156.135(b) and should not be used for any other purpose. The distribution of this report to other users is limited to the State of Vermont.

3.1.2 Form and Content – The State of Vermont was the principal for this engagement and the scope of the engagement included developing and certifying the actuarial values for the standard plan designs as discussed in the management report.

3.1.3 Timing of Communication – This report is provided in conjunction with the actuarial certification of the submitted actuarial values.

3.1.4 Identification of Responsible Actuary – The responsible actuary is identified in the attestation and this management report.

3.2 Actuarial Report – This management report is an Actuarial Report as defined in this ASOP. Correspondence between Wakely and the State of Vermont as part of this engagement should also be considered part of the Actuarial Report.

3.3 Specific Circumstances – No constraints apply beyond any discussed in the attachment management report.

3.4 Disclosures Within an Actuarial Report - all relevant disclosures have been made in the management report. Consistent with this ASOP, we make specific mention to the following items here:

3.4.1 Uncertainty or Risk – Uncertainty is discussed in the management report.

3.4.2 Conflict of Interest – Wakely is financially, organizationally, and otherwise independent from the State of Vermont and any reliant parties.

3.4.3 Reliance on Other Sources for Data and Other Information - Reliance regarding data and assumptions are discussed in this management report.

3.4.4 Responsibility for Assumptions and Methods - Assumptions and methods are discussed in the management report and the parties associated with the assumptions and methods have been delineated. Therefore, pursuant to this ASOP, no additional disclosure is necessary.

3.4.5 Information Date of Report -The management report lists the applicable dates for the analysis and correspondence.

3.4.6 Subsequent Events - Subsequent events are listed in the Limitations and Disclosures section.

3.5 Explanation of Material Differences - Wakely has issued no other report regarding the development of these actuarial values. No comparison to prior results is necessary.

3.6 Oral Communications - No oral communication is considered part of this actuarial report. Any material assumptions or methods discussed in oral communications have been documented in written form as well.

3.7 Responsibility to Other Users - Intended users of this report have been specifically noted in the document.

## **ASOP 50: Determining Minimum Value and Actuarial Value under the Affordable Care Act**

3.1 Use of AVC or MVC – The federal AVC was used.

3.2 Exceptions to the AVC – The federal AV was determined by making adjustments to the results of the federal AVC based on provisions that could not be appropriately modeled in the AVC.

3.3 Exceptions to the MVC – Not applicable.

3.4 Evaluating Non-Standard Plan Designs – The HDHP model was normalized to the federal AVC.

3.5 Reasonableness of Assumptions for Non-Standard Plan Designs – The assumptions used to modify the federal AVs were reviewed for reasonability.

3.6 Unreasonable Results – Not applicable.

3.7 Documentation – See ASOP 41 documentation above.



## Appendix E – Standard Plan Designs

### Deductible Plan Designs

| 2020 Plan Designs - Deductible Plans    |                        |                        |                        |                        |                        |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|
| Deductible/OOP Max                      | Platinum               | Gold                   | Silver                 | Bronze w/ Rx Limit     | Bronze w/o Rx Limit    |
| Type of Plan                            | Deductible             | Deductible             | Deductible             | Deductible             | Deductible             |
| Medical Ded                             | \$350                  | \$900                  | \$3,200                | \$6,000                | \$7,900                |
| Rx Ded                                  | \$0                    | \$100                  | \$350                  | \$1,000                | N/A                    |
| Integrated Ded                          | No                     | No                     | No                     | No                     | Yes                    |
| Medical MOOP                            | \$1,350                | \$5,000                | \$7,900                | \$8,150                | \$7,900                |
| Rx MOOP                                 | \$1,350                | \$1,350                | \$1,350                | \$1,350                | N/A                    |
| Integrated MOOP                         | No                     | No                     | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Yes                    |
| Family Deductible / OOP                 | Stacked, 2x Individual |
| Medical Deductible waived for:          | Prev, OV, UC, Amb      | Prev, OV, UC, Amb      | Prev, OV, UC, Amb      | Preventive             | Preventive, OV         |
| Drug Deductible waived for:             | N/A                    | Generic scripts        | Generic scripts        | Applies to all scripts | Generic Scripts        |
| Service Category                        | Copay / Coinsurance    |
| Inpatient                               | 10%                    | 30%                    | 50%                    | 50%                    | 0%                     |
| Outpatient                              | 10%                    | 30%                    | 50%                    | 50%                    | 0%                     |
| ER                                      | \$100                  | \$150                  | \$250                  | 50%                    | 0%                     |
| Radiology (MRI, CT, PET)                | 10%                    | 30%                    | 50%                    | 50%                    | 0%                     |
| Preventive                              | \$0                    | \$0                    | \$0                    | \$0                    | 0%                     |
| PCP Office Visit                        | \$15                   | \$20                   | \$35                   | \$35                   | \$40                   |
| MH/SA Office Visit                      | \$15                   | \$20                   | \$35                   | \$35                   | \$40                   |
| Specialist Office Visit                 | \$40                   | \$50                   | \$80                   | \$90                   | \$100                  |
| Chiropractic                            | \$20                   | \$30                   | \$45                   | \$45                   | \$50                   |
| Physical Therapy                        | \$20                   | \$30                   | \$45                   | \$45                   | \$50                   |
| Urgent Care                             | \$50                   | \$60                   | \$90                   | \$100                  | 0%                     |
| Ambulance                               | \$60                   | \$70                   | \$100                  | \$100                  | 0%                     |
| Rx Generic                              | \$10                   | \$10                   | \$15                   | \$20                   | \$25                   |
| Rx Preferred Brand                      | \$50                   | \$50                   | \$60                   | \$85                   | 0%                     |
| Rx Non-Preferred Brand                  | 50%                    | 50%                    | 50%                    | 60%                    | 0%                     |
| Rx Specialty                            | 50%                    | 50%                    | 50%                    | 60%                    | 0%                     |
| Actuarial Value                         |                        |                        |                        |                        |                        |
| 2020 Federal AVC, Adjusted if Necessary | 90.1%                  | 81.9%                  | 71.8%                  | 62.0%                  | 64.0%                  |



**Deductible Plan Designs – Cost Sharing Reduction Plans**

| 2020 Plan Designs - Deductible Plans    |                           |                           |                           |                           |                           |
|---|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Deductible/OOP Max                      | 70% AV Silver             | 250-300% FPL<br>(73% AV)  | 200-250% FPL<br>(77% AV)  | 150-200% FPL<br>(87% AV)  | 133-150% FPL<br>(94% AV)  |
| Type of Plan                            | Deductible                | Deductible                | Deductible                | Deductible                | Deductible                |
| Medical Ded                             | \$3,200                   | \$3,100                   | \$2,300                   | \$900                     | \$200                     |
| Rx Ded                                  | \$350                     | \$350                     | \$250                     | \$150                     | \$0                       |
| Integrated Ded                          | No                        | No                        | No                        | No                        | No                        |
| Medical MOOP                            | \$7,900                   | \$6,500                   | \$5,000                   | \$1,900                   | \$900                     |
| Rx MOOP                                 | \$1,350                   | \$1,200                   | \$1,000                   | \$400                     | \$200                     |
| Integrated MOOP                         | Rx -No, Medical -<br>Yes  |
| Family Deductible / OOP                 | Stacked, 2x<br>Individual |
| Medical Deductible waived for:          | Prev, OV, UC, Amb         |
| Drug Deductible waived for:             | Generic scripts           | Generic scripts           | Generic scripts           | Generic scripts           | N/A                       |
| Service Category                        | Copay /<br>Coinsurance    |
| Inpatient                               | 50%                       | 50%                       | 50%                       | 40%                       | 10%                       |
| Outpatient                              | 50%                       | 50%                       | 50%                       | 40%                       | 10%                       |
| ER                                      | \$250                     | \$250                     | \$250                     | \$250                     | \$75                      |
| Radiology (MRI, CT, PET)                | 50%                       | 50%                       | 50%                       | 40%                       | 10%                       |
| Preventive                              | \$0                       | \$0                       | \$0                       | \$0                       | \$0                       |
| PCP Office Visit                        | \$35                      | \$35                      | \$25                      | \$10                      | \$5                       |
| MH/SA Office Visit                      | \$35                      | \$35                      | \$25                      | \$10                      | \$5                       |
| Specialist Office Visit                 | \$80                      | \$70                      | \$50                      | \$30                      | \$15                      |
| Chiropractic                            | \$45                      | \$45                      | \$35                      | \$15                      | \$7                       |
| Physical Therapy                        | \$45                      | \$45                      | \$35                      | \$15                      | \$7                       |
| Urgent Care                             | \$90                      | \$80                      | \$60                      | \$40                      | \$25                      |
| Ambulance                               | \$100                     | \$100                     | \$100                     | \$100                     | \$50                      |
| Rx Generic                              | \$15                      | \$12                      | \$12                      | \$10                      | \$5                       |
| Rx Preferred Brand                      | \$60                      | \$60                      | \$60                      | \$50                      | \$20                      |
| Rx Non-Preferred Brand                  | 50%                       | 50%                       | 50%                       | 50%                       | 30%                       |
| Rx Specialty                            | 50%                       | 50%                       | 50%                       | 50%                       | 30%                       |
| Actuarial Value                         |                           |                           |                           |                           |                           |
| 2020 Federal AVC, Adjusted if Necessary | 71.8%                     | 74.0%                     | 77.9%                     | 88.0%                     | 95.0%                     |

**HDHP Plan Designs**

| <b>2020 Plan Designs - HDHP Plans</b>   |   |   |
|---|---|---|
| <b>Deductible/OOP Max</b>               | <b>Silver</b>   | <b>Bronze</b>   |
| Type of Plan                            | HSA Q/HDHP  | HSA Q/HDHP  |
| Medical Ded                             | \$1,700   | \$5,500   |
| Rx Ded                                  | \$1,400   | \$1,400   |
| Integrated Ded                          | Yes   | Yes   |
| Medical MOOP                            | \$6,750   | \$6,750   |
| Rx MOOP                                 | \$1,400   | \$1,400   |
| Integrated MOOP                         | Yes   | Rx -No, Medical - Yes   |
| Family Deductible / OOP                 | Aggregate with Combined Medical/Rx embedded<br>\$8,150 Single OOPM; 2x Individual | Aggregate with Combined Medical/Rx embedded<br>\$8,150 Single OOPM; 2x Individual |
| Medical Deductible waived for:          | Preventive  | Preventive  |
| Drug Deductible waived for:             | Wellness scripts  | Wellness scripts  |
| <b>Service Category</b>                 | <b>Copay / Coinsurance</b>  | <b>Copay / Coinsurance</b>  |
| Inpatient                               | 30%   | 50%   |
| Outpatient                              | 30%   | 50%   |
| ER                                      | 30%   | 50%   |
| Radiology (MRI, CT, PET)                | 30%   | 50%   |
| Preventive                              | 0%  | 0%  |
| PCP Office Visit                        | 10%   | 50%   |
| MH/SA Office Visit                      | 10%   | 50%   |
| Specialist Office Visit                 | 30%   | 50%   |
| Chiropractic                            | 30%   | 50%   |
| Physical Therapy                        | 30%   | 50%   |
| Urgent Care                             | 30%   | 50%   |
| Ambulance                               | 30%   | 50%   |
| Rx Generic                              | \$10  | \$12  |
| Rx Preferred Brand                      | \$40  | 40%   |
| Rx Non-Preferred Brand                  | 50%   | 60%   |
| Rx Specialty                            | 50%   | 60%   |
| <b>Actuarial Value</b>                  |   |   |
| 2020 Federal AVC, Adjusted if Necessary | 70.9%   | 61.4%   |



**HDHP Plan Designs – Cost Sharing Reduction Plans**

| 2020 Plan Designs - HDHP Plan CSR Variations |   |   |                             |                             |                             |
|--|---|---|-----------------------------|-----------------------------|-----------------------------|
| Deductible/OOP Max                           | 70% AV Silver   | 250-300% FPL<br>(73% AV)  | 200-250% FPL<br>(77% AV)    | 150-200% FPL<br>(87% AV)    | 133-150% FPL<br>(94% AV)    |
| Type of Plan                                 | HSA Q/HDHP  | HSA Q/HDHP  | HSA Q/HDHP                  | Deductible<br>(NOT HSAQ)    | Deductible<br>(NOT HSAQ)    |
| Medical Ded                                  | \$1,700   | \$1,700   | \$1,450                     | \$1,250                     | \$550                       |
| Rx Ded                                       | \$1,400   | \$1,400   | \$1,400                     | N/A                         | N/A                         |
| Integrated Ded                               | Yes   | Yes   | Yes                         | Yes                         | Yes                         |
| Medical MOOP                                 | \$6,750   | \$5,000   | \$3,400                     | \$1,250                     | \$550                       |
| Rx MOOP                                      | \$1,400   | \$1,400   | \$1,400                     | N/A                         | N/A                         |
| Integrated MOOP                              | Rx -No, Medical - Yes   | Rx -No, Medical - Yes   | Rx -No, Medical - Yes       | Yes                         | Yes                         |
| Family Deductible / OOP                      | Aggregate with Combined<br>Medical/Rx embedded<br>\$8,150 Single OOPM; 2x<br>Individual | Aggregate with Combined<br>Medical/Rx embedded<br>\$8,150 Single OOPM; 2x<br>Individual | Aggregate, 2x<br>Individual | Aggregate, 2x<br>Individual | Aggregate, 2x<br>Individual |
| Medical Deductible waived for:               | Preventive  | Preventive  | Preventive                  | Preventive                  | Preventive                  |
| Drug Deductible waived for:                  | Wellness scripts  | Wellness scripts  | Wellness scripts            | Wellness scripts            | Wellness scripts            |
| Service Category                             | Copay / Coinsurance   | Copay / Coinsurance   | Copay / Coinsurance         | Copay /<br>Coinsurance      | Copay /<br>Coinsurance      |
| Inpatient                                    | 30%   | 25%   | 25%                         | 0%                          | 0%                          |
| Outpatient                                   | 30%   | 25%   | 25%                         | 0%                          | 0%                          |
| ER   | 30%   | 25%   | 25%                         | 0%                          | 0%                          |
| Radiology (MRI, CT, PET)                     | 30%   | 25%   | 25%                         | 0%                          | 0%                          |
| Preventive                                   | 0%  | 0%  | 0%                          | 0%                          | 0%                          |
| PCP Office Visit                             | 10%   | 10%   | 10%                         | 0%                          | 0%                          |
| MH/SA Office Visit                           | 10%   | 10%   | 10%                         | 0%                          | 0%                          |
| Specialist Office Visit                      | 30%   | 25%   | 25%                         | 0%                          | 0%                          |
| Chiropractic                                 | 30%   | 25%   | 25%                         | 0%                          | 0%                          |
| Physical Therapy                             | 30%   | 25%   | 25%                         | 0%                          | 0%                          |
| Urgent Care                                  | 30%   | 25%   | 25%                         | 0%                          | 0%                          |
| Ambulance                                    | 30%   | 25%   | 25%                         | 0%                          | 0%                          |
| Rx Generic                                   | \$10  | \$10  | \$10                        | \$0                         | \$0                         |
| Rx Preferred Brand                           | \$40  | \$40  | \$40                        | \$0                         | \$0                         |
| Rx Non-Preferred Brand                       | 50%   | 50%   | 50%                         | 0%                          | 0%                          |
| Rx Specialty                                 | 50%   | 50%   | 50%                         | 0%                          | 0%                          |
| Actuarial Value                              |   |   |                             |                             |                             |
| 2020 Federal AVC, Adjusted if Necessary      | 70.9%   | 73.4%   | 77.3%                       | 87.2%                       | 94.0%                       |

## Appendix F – Class I Pediatric Dental Codes

These procedures are diagnostic and preventive in nature. Under the definition of what is essential they may have limits. The services and limits are described in the Department of Vermont Health Access, Dental Procedure/Fee Schedule (Effective for services provided on or after 11/01/2013)

- D0120 Periodic Oral Evaluation
- D0140 Limited Oral Evaluation – Problem Focused
- D0145 Oral Evaluation for a patient under three years of age and counseling with primary caregiver
- D0150 Comprehensive Oral Evaluation
- D0170 Re-evaluation – Limited, Problem Focused
- D0210 Intraoral Radiographs– Complete Series (including bitewings)
- D0220 Intraoral Radiographs – Periapical – First Film
- D0230 Intraoral Radiographs– Periapical – Each Additional Film
- D0240 Intraoral – Occlusal Film
- D0250 Extraoral – First Film
- D0260 Extraoral – Each Additional Film
- D0270 Bitewing – Single Film
- D0272 Bitewings – 2 Films
- D0273 Bitewings – 3 Films
- D0274 Bitewings – 4 Films
- D0330 Panoramic Film
- D0340 Cephalometric Film
- D0350 Oral/Facial Photographic Images
- D0364 Cone Beam CT Capture and Interpretation with Limited Field of View - Less Than One Whole Jaw
- D0365 Cone Beam CT Capture and Interpretation with Limited Field of View of One Full Dental Arch - Mandible
- D0366 Cone Beam CT Capture and Interpretation with Limited Field of View of One Full Dental Arch - Maxilla, with or without Cranium
- D0367 Cone Beam CT Capture and Interpretation with Limited Field of View of Both Jaws, With or Without Cranium
- D0368 Cone Beam CT Capture and Interpretation for TMJ Series Including Two or More Exposures
- D0391 Interpretation of Diagnostic Image by a Practitioner Not Associated with Capture of the Image, Including the Report
- D0470 Diagnostic Models
- D1120 Prophylaxis – Child
- D1208 Topical Application of Fluoride
- D1330 Oral Hygiene Instructions
- D1351 Sealant – Per Tooth
- D1351 U9 Sealant – Per Tooth-Deciduous second molars and bicuspid\*
- D1352 Preventive resin restoration in a moderate to high caries risk patient -permanent tooth
- D1510 Space Maintainer - Fixed – Unilateral
- D1515 Space Maintainer – Fixed – Bilateral
- D1525 Space Maintainer – Removable – Bilateral
- D1550 Recementation of Space Maintainer

## Appendix G – Summary of Adjustments Considered and Final Adjusted AVs

| Adjustments Considered  | Aggregate Ded | Aggregate MOOP, Embedded \$8,150 | Stacked MOOP | Drug Regulation | Preventive Drugs | AV from AVC | Final Adjusted AV |
|---|---------------|----------------------------------|--------------|-----------------|------------------|-------------|-------------------|
| <b>Silver HDHP – Embedded \$8,150 Individual MOOP</b>           | Yes           | Yes                              | No           | Yes             | Yes              | 73.1%       | 70.9%             |
| <b>Bronze HDHP– Embedded \$8,150 Individual MOOP</b>            | Yes           | Yes                              | No           | Yes             | Yes              | 62.9%       | 61.4%             |
| <b>Silver Deductible</b>  | No            | No                               | No           | Yes             | No               | 70.7%       | 71.8%             |
| <b>Bronze Deductible (with pharmacy limit)</b>                  | No            | No                               | Yes          | Yes             | No               | 61.1%       | 62.0%             |
| <b>Silver HDHP - Embedded \$8,150 Individual MOOP CSR – 73%</b> | Yes           | Yes                              | No           | Yes             | Yes              | 75.6%       | 73.4%             |
| <b>Silver HDHP CSR – 77%</b>                                    | Yes           | Yes                              | No           | Yes             | Yes              | 79.4%       | 77.3%             |
| <b>Silver HDHP CSR – 87%</b>                                    | Yes           | Yes                              | No           | No              | Yes              | 87.7%       | 87.2%             |
| <b>Silver HDHP CSR – 94%</b>                                    | Yes           | Yes                              | No           | No              | Yes              | 94.0%       | 94.0%             |
| <b>Silver Deductible CSR – 73%</b>                              | No            | No                               | Yes          | Yes             | No               | 73.1%       | 74.0%             |
| <b>Silver Deductible CSR – 77%</b>                              | No            | No                               | Yes          | Yes             | No               | 77.3%       | 77.9%             |
| <b>Silver Deductible CSR – 87%</b>                              | No            | No                               | Yes          | Yes             | No               | 87.8%       | 88.0%             |
| <b>Silver Deductible CSR – 94%</b>                              | No            | No                               | Yes          | Yes             | No               | 94.8%       | 95.0%             |

## Appendix H – Screen Shots and AV Development

1. Silver HDHP – Embedded MOOP
2. Bronze HDHP – Embedded MOOP
3. Silver Deductible Plan
4. Bronze Deductible Plan (with pharmacy limit)
5. Silver HDHP – Embedded MOOP CSR – 73%
6. Silver HDHP – Embedded MOOP CSR – 77%
7. Silver HDHP – Embedded MOOP CSR – 87%
8. Silver HDHP – Embedded MOOP CSR – 94%
9. Silver Deductible CSR – 73%
10. Silver Deductible CSR – 77%
11. Silver Deductible CSR – 87%
12. Silver Deductible CSR – 94%

1. Silver HDHP – Embedded MOOP

AV from AVC = 73.1%

Adjusted AV = 70.9%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
  - Apply Inpatient Copay per Day?
  - Apply Skilled Nursing Facility Copay per Day?
  - Use Separate MOOP for Medical and Drug Spending?
  - Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    | \$0.00                   | 1st Tier Utilization: | 100%                     |
|                                |                          | 2nd Tier Utilization: | 0%                       |

| Tier 1 Plan Benefit Design           |      |            |
|--------------------------------------|------|------------|
| Medical                              | Drug | Combined   |
| Deductible (\$)                      |      | \$1,700.00 |
| Coinsurance (% Insurer's Cost Share) |      | 70.00%     |
| MOOP (\$)                            |      | \$6,750.00 |
| MOOP if Separate (\$)                |      |            |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                       |                              |                           |                    | Tier 1                               | Tier 2                       |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?       | Subject to Coinsurance?      | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>     | <input type="checkbox"/>     | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$10.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$40.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       |                          |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/> |
| # Days (1-10):  |                          |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/> |
| # Visits (1-10):  |                          |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10):  |                          |

Plan Description:

Name: 2020 Silver HDHP Plan  
 Plan HIOS ID:  
 Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value:

73.10%

Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.1133 seconds

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### 1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

| Inputs  |              |   |              |              |              |
|---|--------------|---|--------------|--------------|--------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i> |              |   |              |              |              |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |              |   |              |              |              |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>                              |              |   |              |              |              |
| <i>A message box will appear to indicate that the calculations are done.</i>  |              |   |              |              |              |
|   |              | Medical   | Rx           |              |              |
| Individual Deductible   |              | 1,700   | 1,700        |              |              |
| Family Deductible   |              | 3,400   | 3,400        |              |              |
| Individual Out-of-Pocket  |              | 6,750   | 6,750        |              |              |
| Family Out-of-Pocket  |              | 13,500  | 13,500       |              |              |
| Coinsurance (50% or Less)   |              | 27%   | 28%          |              |              |
| Individual Embedded Moop:   |              | 8,150   |              |              |              |
|   |              | Costs that Accumulate   |              |              |              |
|   |              |   | OOP          |              |              |
|   |              | Deductible  | Medical      | Rx           | Deductible / |
| Settings  | Medical & Rx | Medical & Rx  | Medical & Rx | Medical & Rx | OOP Type     |
|   |              |   |              |              | Stacked      |
|   |              |   |              |              | 5            |
|   |              | <div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px; display: inline-block; border-radius: 10px;">Calculate</div> |              |              |              |
| Results   |              |   |              |              |              |
|   |              | Medical   | Rx           | Total        |              |
| Allowed PMPM  |              | \$407.84  | \$97.79      | \$505.64     |              |
| Plan PMPM   |              | \$297.24  | \$72.38      | \$369.61     |              |
| Actuarial Value   |              | 72.9%   | 74.0%        | 73.10%       |              |

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

| Inputs  |              |  |         |                |                       |
|---|--------------|--|---------|----------------|-----------------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i> |              |  |         |                |                       |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |              |  |         |                |                       |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>                              |              |  |         |                |                       |
| <i>A message box will appear to indicate that the calculations are done.</i>  |              |  |         |                |                       |
|   |              | Medical  | Rx      |                |                       |
| Individual Deductible   |              | 1,700  | 1,400   |                |                       |
| Family Deductible   |              | 3,400  | 2,800   |                |                       |
| Individual Out-of-Pocket  |              | 6,750  | 1,400   |                |                       |
| Family Out-of-Pocket  |              | 13,500   | 2,800   |                |                       |
| Coinsurance (50% or Less)   |              | 27%  | 28%     |                |                       |
| Individual Embedded Moop:   |              | 8,150  |         |                |                       |
|   |              | Costs that Accumulate  |         |                |                       |
|   |              |  | OOP     |                |                       |
|   |              | Deductible   | Medical | Rx             | Deductible / OOP Type |
| Settings  | Medical & Rx | Medical & Rx   | Rx Only | Aggregate Plus | 6                     |
|   |              | <div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div> |         |                |                       |
| Results   |              |  |         |                |                       |
|   |              | Medical  | Rx      | Total          |                       |
| Allowed PMPM  |              | \$407.84   | \$97.79 | \$505.64       |                       |
| Plan PMPM   |              | \$281.58   | \$76.88 | \$358.46       |                       |
| Actuarial Value   |              | 69.0%  | 78.6%   | 70.89%         |                       |

2. Bronze HDHP – Embedded MOOP

AV from AVC = 62.9%

Adjusted AV = 61.5%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    | \$0.00                   | 1st Tier Utilization: | 100%                     |
|                                |                          | 2nd Tier Utilization: | 0%                       |

Desired Metal Tier: Bronze

| Tier 1 Plan Benefit Design           |      |            |
|--------------------------------------|------|------------|
| Medical                              | Drug | Combined   |
| Deductible (\$)                      |      | \$5,500.00 |
| Coinsurance (% Insurer's Cost Share) |      | 50.00%     |
| MOOP (\$)                            |      | \$6,750.00 |
| MOOP if Separate (\$)                |      |            |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                       |                              |                           |                    | Tier 1                               | Tier 2                       |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?       | Subject to Coinsurance?      | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>     | <input type="checkbox"/>     | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$12.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 60%                       |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 40%                       |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 40%                       |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       |                          |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/> |
| # Days (1-10):  |                          |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/> |
| # Visits (1-10):  |                          |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10):  |                          |

Plan Description:

Name: 2020 Bronze HDHP Plan  
 Plan HIOS ID:  
 Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value:

62.90%

Metal Tier:

Additional Notes:

Calculation Time:

0.1328 seconds

Draft 2020 AV Calculator

## 2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

| Inputs  |              |   |              |              |          |
|---|--------------|---|--------------|--------------|----------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i> |              |   |              |              |          |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |              |   |              |              |          |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>                              |              |   |              |              |          |
| <i>A message box will appear to indicate that the calculations are done.</i>  |              |   |              |              |          |
|   |              | Medical   | Rx           |              |          |
| Individual Deductible   |              | 5,500   | 5,500        |              |          |
| Family Deductible   |              | 11,000  | 11,000       |              |          |
| Individual Out-of-Pocket  |              | 6,750   | 6,750        |              |          |
| Family Out-of-Pocket  |              | 13,500  | 13,500       |              |          |
| Coinsurance (50% or Less)   |              | 48%   | 46%          |              |          |
| Individual Embedded Moop:   |              | 8,150   |              |              |          |
|   |              | Costs that Accumulate   |              |              |          |
|   |              |   | OOP          | Deductible / |          |
|   |              | Deductible  | Medical      | Rx           | OOP Type |
| Settings  | Medical & Rx | Medical & Rx  | Medical & Rx | Medical & Rx | Stacked  |
|   |              | <div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 5px 20px; display: inline-block;">Calculate</div> |              |              |          |
| <b>Results</b>  |              |   |              |              |          |
|   |              | Medical   | Rx           | Total        |          |
| Allowed PMPM  |              | \$448.95  | \$107.65     | \$556.60     |          |
| Plan PMPM   |              | \$278.91  | \$71.20      | \$350.11     |          |
| Actuarial Value   |              | 62.1%   | 66.1%        | 62.90%       |          |

2. **Bronze HDHP – Embedded MOOP, Continued**

HDHP Model – Adjusted Actuarial Value:

| <b>Inputs</b>   |              |                       |          |                |                       |
|---|--------------|-----------------------|----------|----------------|-----------------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>   |              |                       |          |                |                       |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |              |                       |          |                |                       |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>  |              |                       |          |                |                       |
| <i>A message box will appear to indicate that the calculations are done.</i>  |              |                       |          |                |                       |
|   |              | Medical               | Rx       |                |                       |
| Individual Deductible   |              | 5,500                 | 1,400    |                |                       |
| Family Deductible   |              | 11,000                | 2,800    |                |                       |
| Individual Out-of-Pocket  |              | 6,750                 | 1,400    |                |                       |
| Family Out-of-Pocket  |              | 13,500                | 2,800    |                |                       |
| Coinsurance (50% or Less)   |              | 48%                   | 46%      |                |                       |
| Individual Embedded Moop:   |              | 8,150                 |          |                |                       |
|   |              | Costs that Accumulate |          |                |                       |
|   |              |                       | OOP      |                |                       |
|   |              | Deductible            | Medical  | Rx             | Deductible / OOP Type |
| Settings  | Medical & Rx | Medical & Rx          | Rx Only  | Aggregate Plus | 6                     |
| <div style="border: 1px solid black; border-radius: 10px; width: 150px; height: 30px; background-color: #4a7ebb; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div> |              |                       |          |                |                       |
| <b>Results</b>  |              |                       |          |                |                       |
|   |              | Medical               | Rx       | Total          |                       |
| Allowed PMPM  |              | \$448.95              | \$107.65 | \$556.60       |                       |
| Plan PMPM   |              | \$262.98              | \$78.90  | \$341.87       |                       |
| Actuarial Value   |              | 58.6%                 | 73.3%    | 61.42%         |                       |

### 3. Silver Deductible

AV from AVC = 70.7%

#### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $65.22\%/64.26\% = 1.01 \times .707 = 71.8\%$

Adjusted AV = 71.8%

#### AVC Screen Shot:

##### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    | \$0.00                   | 1st Tier Utilization: | 100%                     |
|                                |                          | 2nd Tier Utilization: | 0%                       |

| Tier 1 Plan Benefit Design            |            |          |
|---------------------------------------|------------|----------|
| Medical                               | Drug       | Combined |
| Deductible (\$)                       | \$3,200.00 | \$350.00 |
| Coinsurance (%; Insurer's Cost Share) | 50.00%     | 50.00%   |
| MOOP (\$)                             | \$7,900.00 |          |
| MOOP if Separate (\$)                 |            |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                       |                              |                           |                    | Tier 1                               | Tier 2                       |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?       | Subject to Coinsurance?      | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$250.00           | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$35.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$80.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$35.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           | \$80.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$45.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>     | <input type="checkbox"/>     | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$15.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$60.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

##### Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       |                          |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/> |
| # Days (1-10):  |                          |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/> |
| # Visits (1-10):  |                          |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10):  |                          |

##### Plan Description:

Name: 2020 Silver Deductible Plan  
 Plan HIOS ID:  
 Issuer HIOS ID:

##### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.74%

Metal Tier:

Silver

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.1211 seconds

Draft 2020 AV Calculator

### 3. Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

| <b>Inputs</b>  |              |              |              |              |              |
|--|--------------|--------------|--------------|--------------|--------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>  |              |              |              |              |              |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>  |              |              |              |              |              |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>   |              |              |              |              |              |
| <i>A message box will appear to indicate that the calculations are done.</i>   |              |              |              |              |              |
|  |              | Medical      | Rx           |              |              |
| Individual Deductible  |              | 3,200        | 350          |              |              |
| Family Deductible  |              | 6,400        | 700          |              |              |
| Individual Out-of-Pocket   |              | 7,900        | 7,900        |              |              |
| Family Out-of-Pocket   |              | 15,800       | 15,800       |              |              |
| Coinsurance (50% or Less)  |              | 43%          | 33%          |              |              |
| Individual Embedded Moop:  |              | 8,200        |              |              |              |
| Costs that Accumulate  |              |              |              |              |              |
|  |              |              | OOP          |              | Deductible / |
|  |              | Deductible   | Medical      | Rx           | OOP Type     |
| Settings   | Medical & Rx | Medical & Rx | Medical & Rx | Medical & Rx | Stacked      |
| <div style="border: 1px solid black; border-radius: 15px; padding: 10px 40px; display: inline-block; background-color: #4a7ebb; color: white; margin: 10px 0;">Calculate</div> |              |              |              |              |              |
| <b>Results</b>   |              |              |              |              |              |
|  |              | Medical      | Rx           | Total        |              |
| Allowed PMPM   |              | \$402.30     | \$96.46      | \$498.76     |              |
| Plan PMPM  |              | \$246.58     | \$73.94      | \$320.52     |              |
| Actuarial Value  |              | 61.3%        | 76.6%        | 64.26%       |              |

### 3. Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

| <b>Inputs</b>   |              |  |              |          |              |
|---|--------------|--|--------------|----------|--------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i> |              |  |              |          |              |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |              |  |              |          |              |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>                              |              |  |              |          |              |
| <i>A message box will appear to indicate that the calculations are done.</i>  |              |  |              |          |              |
|   |              | Medical  | Rx           |          |              |
| Individual Deductible   |              | 3,200  | 350          |          |              |
| Family Deductible   |              | 6,400  | 700          |          |              |
| Individual Out-of-Pocket  |              | 7,900  | 1,350        |          |              |
| Family Out-of-Pocket  |              | 15,800   | 2,700        |          |              |
| Coinsurance (50% or Less)   |              | 43%  | 33%          |          |              |
| Individual Embedded Moop:   |              | 8,200  |              |          |              |
|   |              | Costs that Accumulate  |              |          |              |
|   |              |  | OOP          |          | Deductible / |
|   |              | Deductible   | Medical      | Rx       | OOP Type     |
| Settings  | Medical & Rx | Medical & Rx   | Medical & Rx | Rx Only  | Stacked      |
|   |              |  |              |          | 2            |
|   |              | <div style="border: 1px solid black; border-radius: 15px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div> |              |          |              |
| <b>Results</b>  |              |  |              |          |              |
|   |              | Medical  | Rx           | Total    |              |
| Allowed PMPM  |              | \$402.30   | \$96.46      | \$498.76 |              |
| Plan PMPM   |              | \$243.88   | \$81.41      | \$325.29 |              |
| Actuarial Value   |              | 60.6%  | 84.4%        | 65.22%   |              |

### 4. Bronze Deductible (with drug limit)

AV from AVC = 61.06%

#### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 61.73%/60.80% = 1.016 x .6106 = 61.99%

Adjusted AV = 61.9%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Bronze

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    | \$0.00                   | 1st Tier Utilization: | 100%                     |
|                                |                          | 2nd Tier Utilization: | 0%                       |

| Tier 1 Plan Benefit Design           |            |            | Tier 2 Plan Benefit Design |      |          |
|--------------------------------------|------------|------------|----------------------------|------|----------|
| Medical                              | Drug       | Combined   | Medical                    | Drug | Combined |
| Deductible (\$)                      | \$6,000.00 | \$1,000.00 |                            |      |          |
| Coinsurance (% Insurer's Cost Share) | 50.00%     | 40.00%     |                            |      |          |
| MOOP (\$)                            | \$8,150.00 |            |                            |      |          |
| MOOP if Separate (\$)                |            |            |                            |      |          |

| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                       |                              |                           |                    | Tier 1                               | Tier 2                       |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?       | Subject to Coinsurance?      | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$35.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$90.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$35.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$90.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$45.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>     | <input type="checkbox"/>     | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$20.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$85.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?  
Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?  
# Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?  
# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  
# Copays (1-10):

**Plan Description:**

2020 Bronze Deductible Plan - with Rx Limit - revised

**Name:**

**Plan HIOS ID:**

**Issuer HIOS ID:**

**Output**

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 61.06%

Metal Tier: Bronze

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.1211 seconds

Final 2020 AV Calculator

4. Bronze Deductible (Continuing, with drug limit), Continued

HDHP Model – Without Prescription Drug Adjustments:

| Inputs  |                 |  |              |              |              |
|---|-----------------|--|--------------|--------------|--------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i> |                 |  |              |              |              |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |                 |  |              |              |              |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>                              |                 |  |              |              |              |
| <i>A message box will appear to indicate that the calculations are done.</i>  |                 |  |              |              |              |
|   |                 | Medical                                  | Rx           |              |              |
| Individual Deductible   |                 | 6,000                                    | 1,000        |              |              |
| Family Deductible   |                 | 12,000                                   | 2,000        |              |              |
| Individual Out-of-Pocket  |                 | 8,150                                    | 8,150        |              |              |
| Family Out-of-Pocket  |                 | 16,300                                   | 16,300       |              |              |
| Coinsurance (50% or Less)   |                 | 47%                                      | 43%          |              |              |
| Individual Embedded Moop:   |                 | 8,150                                    |              |              |              |
|   |                 | Costs that Accumulate                    |              |              |              |
|   |                 |  | OOP          |              |              |
|   |                 | Deductible                               | Medical      | Rx           | Deductible / |
|   | Settings        | Medical & Rx                             | Medical & Rx | Medical & Rx | OOP Type     |
|   |                 |  |              |              | Stacked      |
|   |                 |  |              |              | 5            |
|   |                 | <input type="button" value="Calculate"/> |              |              |              |
| Results   |                 |  |              |              |              |
|   |                 | Medical                                  | Rx           | Total        |              |
|   | Allowed PMPM    | \$448.95                                 | \$107.65     | \$556.60     |              |
|   | Plan PMPM       | \$260.19                                 | \$78.22      | \$338.41     |              |
|   | Actuarial Value | 58.0%                                    | 72.7%        | 60.80%       |              |

4. **Bronze Deductible (Continuing, with drug limit), Continued**

HDHP Model – With Prescription Drug Adjustments:

| Inputs  |              |                       |              |          |              |
|---|--------------|-----------------------|--------------|----------|--------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i> |              |                       |              |          |              |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |              |                       |              |          |              |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>                              |              |                       |              |          |              |
| <i>A message box will appear to indicate that the calculations are done.</i>  |              |                       |              |          |              |
|   |              | Medical               | Rx           |          |              |
| Individual Deductible   |              | 6,000                 | 1,000        |          |              |
| Family Deductible   |              | 12,000                | 2,000        |          |              |
| Individual Out-of-Pocket  |              | 8,150                 | 1,350        |          |              |
| Family Out-of-Pocket  |              | 16,300                | 2,700        |          |              |
| Coinsurance (50% or Less)   |              | 47%                   | 43%          |          |              |
| Individual Embedded Moop:   |              | 8,150                 |              |          |              |
|   |              | Costs that Accumulate |              |          |              |
|   |              |                       | OOP          |          |              |
|   |              | Deductible            | Medical      | Rx       | Deductible / |
| Settings  | Medical & Rx | Medical & Rx          | Medical & Rx | Rx Only  | OOP Type     |
|   |              |                       |              |          | Stacked      |
|   |              |                       |              |          | 2            |
|   |              |                       |              |          |              |
| Results   |              |                       |              |          |              |
|   |              | Medical               | Rx           | Total    |              |
| Allowed PMPM  |              | \$448.95              | \$107.65     | \$556.60 |              |
| Plan PMPM   |              | \$255.98              | \$87.64      | \$343.62 |              |
| Actuarial Value   |              | 57.0%                 | 81.4%        | 61.73%   |              |

5. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.6%

Adjusted AV = 73.4%

AVC Screen Shot:

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    | \$0.00                   | 1st Tier Utilization: | 100%                     |
|                                |                          | 2nd Tier Utilization: | 0%                       |

Desired Metal Tier: Silver

|                                      | Tier 1 Plan Benefit Design |      |            | Tier 2 Plan Benefit Design |      |          |
|--------------------------------------|----------------------------|------|------------|----------------------------|------|----------|
|                                      | Medical                    | Drug | Combined   | Medical                    | Drug | Combined |
| Deductible (\$)                      |                            |      | \$1,700.00 |                            |      |          |
| Coinsurance (% Insurer's Cost Share) |                            |      | 75.00%     |                            |      |          |
| MOOP (\$)                            |                            |      | \$5,000.00 |                            |      |          |
| MOOP if Separate (\$)                |                            |      |            |                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                       |                              |                           |                    | Tier 1                               | Tier 2                               |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?       | Subject to Coinsurance?      | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialist Visit   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Speech Therapy   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>     | <input type="checkbox"/>     | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Generics   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$10.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$40.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |

Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?<br>Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/> |
| Set a Maximum Number of Days for Charging an IP Copay?<br># Days (1-10):                    | <input type="checkbox"/> |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?<br># Visits (1-10):           | <input type="checkbox"/> |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?<br># Copays (1-10): | <input type="checkbox"/> |

Plan Description:

2020 HDHP Plan  
CSR Variations -  
250-300% FPL  
(73% AV)  
**Name:**  
**Plan HIOS ID:**  
**Issuer HIOS ID:**

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
75.61%

Actuarial Value:

Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.2227 seconds

Draft 2020 AV Calculator

5. Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Normalization:

| Inputs  |  |  |              |              |                       |
|---|--|--|--------------|--------------|-----------------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i> |  |  |              |              |                       |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |  |  |              |              |                       |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>                              |  |  |              |              |                       |
| <i>A message box will appear to indicate that the calculations are done.</i>  |  |  |              |              |                       |
|   |  | Medical  | Rx           |              |                       |
| Individual Deductible   |  | 1,700  | 1,700        |              |                       |
| Family Deductible   |  | 3,400  | 3,400        |              |                       |
| Individual Out-of-Pocket  |  | 5,000  | 5,000        |              |                       |
| Family Out-of-Pocket  |  | 10,000   | 10,000       |              |                       |
| Coinsurance (50% or Less)   |  | 23%  | 28%          |              |                       |
| Individual Embedded Moop:   |  | 8,150  |              |              |                       |
|   |  | Costs that Accumulate  |              |              |                       |
|   |  |  | OOP          |              |                       |
|   |  | Deductible   | Medical      | Rx           | Deductible / OOP Type |
| Settings  |  | Medical & Rx   | Medical & Rx | Medical & Rx | Stacked               |
|   |  | <div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div> |              |              |                       |
| Results   |  |  |              |              |                       |
|   |  | Medical  | Rx           | Total        |                       |
| Allowed PMPM  |  | \$419.39   | \$100.56     | \$519.95     |                       |
| Plan PMPM   |  | \$317.30   | \$75.91      | \$393.21     |                       |
| Actuarial Value   |  | 75.7%  | 75.5%        | 75.62%       |                       |

5. Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Adjusted Actuarial Value:

| Inputs  |              |  |              |          |                       |
|---|--------------|--|--------------|----------|-----------------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i> |              |  |              |          |                       |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |              |  |              |          |                       |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>                              |              |  |              |          |                       |
| <i>A message box will appear to indicate that the calculations are done.</i>  |              |  |              |          |                       |
|   |              | Medical  | Rx           |          |                       |
| Individual Deductible   |              | 1,700  | 1,400        |          |                       |
| Family Deductible   |              | 3,400  | 2,800        |          |                       |
| Individual Out-of-Pocket  |              | 5,000  | 1,400        |          |                       |
| Family Out-of-Pocket  |              | 10,000   | 2,800        |          |                       |
| Coinsurance (50% or Less)   |              | 23%  | 28%          |          |                       |
| Individual Embedded Moop:   |              | 8,150  |              |          |                       |
|   |              | Costs that Accumulate  |              |          |                       |
|   |              |  | OOP          |          |                       |
|   |              | Deductible   | Medical      | Rx       | Deductible / OOP Type |
| Settings  | Medical & Rx | Medical & Rx   | Medical & Rx | Rx Only  | Aggregate Plus        |
|   |              | <div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div> |              |          |                       |
| Results   |              |  |              |          |                       |
|   |              | Medical  | Rx           | Total    |                       |
| Allowed PMPM  |              | \$419.39   | \$100.56     | \$519.95 |                       |
| Plan PMPM   |              | \$302.22   | \$79.38      | \$381.60 |                       |
| Actuarial Value   |              | 72.1%  | 78.9%        | 73.39%   |                       |

### 6. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 79.4%

Adjusted AV = 77.3%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    | \$0.00                   | 1st Tier Utilization: | 100%                     |
|                                |                          | 2nd Tier Utilization: | 0%                       |

|                                       | Tier 1 Plan Benefit Design |      |            |
|---------------------------------------|----------------------------|------|------------|
|                                       | Medical                    | Drug | Combined   |
| Deductible (\$)                       |                            |      | \$1,450.00 |
| Coinsurance (%; Insurer's Cost Share) |                            |      | 75.00%     |
| MOOP (\$)                             |                            |      | \$3,400.00 |
| MOOP if Separate (\$)                 |                            |      |            |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                       |                              |                           |                    | Tier 1                               | Tier 2                               |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?       | Subject to Coinsurance?      | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialist Visit   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Speech Therapy   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>     | <input type="checkbox"/>     | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Generics   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$10.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$40.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |

**Options for Additional Benefit Design Limits:**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Set a Maximum on Specialty Rx Coinsurance Payments?<br>Specialty Rx Coinsurance Maximum:    |
| <input type="checkbox"/> | Set a Maximum Number of Days for Charging an IP Copay?<br># Days (1-10):                    |
| <input type="checkbox"/> | Begin Primary Care Cost-Sharing After a Set Number of Visits?<br># Visits (1-10):           |
| <input type="checkbox"/> | Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?<br># Copays (1-10): |

**Plan Description:**

2020 HDHP Plan  
CSR Variations -  
200-250% FPL  
(77% AV)

Name:  
Plan HIOS ID:  
Issuer HIOS ID:

**Output**

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2020 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
79.45%

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.1562 seconds

6. Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Normalization:

| Inputs  |                 |                       |              |              |              |
|---|-----------------|-----------------------|--------------|--------------|--------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>   |                 |                       |              |              |              |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |                 |                       |              |              |              |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>  |                 |                       |              |              |              |
| <i>A message box will appear to indicate that the calculations are done.</i>  |                 |                       |              |              |              |
|   |                 | Medical               | Rx           |              |              |
| Individual Deductible   |                 | 1,450                 | 1,450        |              |              |
| Family Deductible   |                 | 2,900                 | 2,900        |              |              |
| Individual Out-of-Pocket  |                 | 3,400                 | 3,400        |              |              |
| Family Out-of-Pocket  |                 | 6,800                 | 6,800        |              |              |
| Coinsurance (50% or Less)   |                 | 23%                   | 26%          |              |              |
| Individual Embedded Moop:   |                 | 8,150                 |              |              |              |
|   |                 | Costs that Accumulate |              |              |              |
|   |                 |                       | OOP          |              |              |
|   |                 | Deductible            | Medical      | Rx           | Deductible / |
|   | Settings        | Medical & Rx          | Medical & Rx | Medical & Rx | OOP Type     |
|   |                 |                       |              |              | Stacked      |
|   |                 |                       |              |              | 5            |
| <div style="border: 1px solid black; border-radius: 10px; width: 150px; height: 30px; background-color: #4a7ebb; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div> |                 |                       |              |              |              |
| Results   |                 |                       |              |              |              |
|   |                 | Medical               | Rx           | Total        |              |
|   | Allowed PMPM    | \$434.86              | \$104.27     | \$539.13     |              |
|   | Plan PMPM       | \$345.48              | \$82.86      | \$428.34     |              |
|   | Actuarial Value | 79.4%                 | 79.5%        | 79.45%       |              |

6. Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Adjusted Actuarial Value:

| Inputs  |              |                       |          |                |              |
|---|--------------|-----------------------|----------|----------------|--------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>   |              |                       |          |                |              |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |              |                       |          |                |              |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>  |              |                       |          |                |              |
| <i>A message box will appear to indicate that the calculations are done.</i>  |              |                       |          |                |              |
|   |              | Medical               | Rx       |                |              |
| Individual Deductible   |              | 1,450                 | 1,400    |                |              |
| Family Deductible   |              | 2,900                 | 2,800    |                |              |
| Individual Out-of-Pocket  |              | 3,400                 | 1,400    |                |              |
| Family Out-of-Pocket  |              | 6,800                 | 2,800    |                |              |
| Coinsurance (50% or Less)   |              | 23%                   | 26%      |                |              |
| Individual Embedded Moop:   |              | 8,150                 |          |                |              |
|   |              | Costs that Accumulate |          |                |              |
|   |              |                       | OOP      |                | Deductible / |
|   |              | Deductible            | Medical  | Rx             | OOP Type     |
| Settings  | Medical & Rx | Medical & Rx          | Rx Only  | Aggregate Plus | 6            |
| <div style="border: 1px solid black; border-radius: 10px; width: 150px; height: 30px; background-color: #4a7ebb; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div> |              |                       |          |                |              |
| Results   |              |                       |          |                |              |
|   |              | Medical               | Rx       | Total          |              |
| Allowed PMPM  |              | \$434.86              | \$104.27 | \$539.13       |              |
| Plan PMPM   |              | \$333.32              | \$83.51  | \$416.83       |              |
| Actuarial Value   |              | 76.6%                 | 80.1%    | 77.31%         |              |

### 7. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 87.7%

Adjusted AV = 87.2%

### AVC Screen Shot:

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    | \$0.00                   | 1st Tier Utilization: | 100%                     |
|                                |                          | 2nd Tier Utilization: | 0%                       |

|                                      | Tier 1 Plan Benefit Design |      |            | Tier 2 Plan Benefit Design |      |          |
|--------------------------------------|----------------------------|------|------------|----------------------------|------|----------|
|                                      | Medical                    | Drug | Combined   | Medical                    | Drug | Combined |
| Deductible (\$)                      |                            |      | \$1,250.00 |                            |      |          |
| Coinsurance (% Insurer's Cost Share) |                            |      | 100.00%    |                            |      |          |
| MOOP (\$)                            |                            |      | \$1,250.00 |                            |      |          |
| MOOP if Separate (\$)                |                            |      |            |                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                       |                              |                           |                    | Tier 1                               | Tier 2                               |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?       | Subject to Coinsurance?      | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialist Visit   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Speech Therapy   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>     | <input type="checkbox"/>     | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Generics   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |

**Options for Additional Benefit Design Limits:**

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?<br>Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/> |
| Set a Maximum Number of Days for Charging an IP Copay?<br># Days (1-10):                    | <input type="checkbox"/> |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?<br># Visits (1-10):           | <input type="checkbox"/> |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?<br># Copays (1-10): | <input type="checkbox"/> |

**Plan Description:**

2020 HDHP Plan  
CSR Variations -  
150-200% FPL  
(87% AV)

Name:  
Plan HIOS ID:  
Issuer HIOS ID:

**Output**

Calculate

**Status/Error Messages:**

CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value:

87.68%

Metal Tier:

Gold

Additional Notes:

Calculation Time:

0.1328 seconds

Draft 2020 AV Calculator

7. Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Normalization:

| Inputs   |                 |                       |              |              |              |
|--|-----------------|-----------------------|--------------|--------------|--------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>  |                 |                       |              |              |              |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>  |                 |                       |              |              |              |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>   |                 |                       |              |              |              |
| <i>A message box will appear to indicate that the calculations are done.</i>   |                 |                       |              |              |              |
|  |                 | Medical               | Rx           |              |              |
| Individual Deductible  |                 | 1,250                 | 1,250        |              |              |
| Family Deductible  |                 | 2,500                 | 2,500        |              |              |
| Individual Out-of-Pocket   |                 | 1,250                 | 1,250        |              |              |
| Family Out-of-Pocket   |                 | 2,500                 | 2,500        |              |              |
| Coinsurance (50% or Less)  |                 | 0%                    | 0%           |              |              |
| Individual Embedded Moop:  |                 | 8,200                 |              |              |              |
|  |                 | Costs that Accumulate |              |              |              |
|  |                 |                       | OOP          |              |              |
|  |                 | Deductible            | Medical      | Rx           | Deductible / |
|  | Settings        | Medical & Rx          | Medical & Rx | Medical & Rx | OOP Type     |
|  |                 |                       |              |              | Stacked      |
|  |                 |                       |              |              | 5            |
| <div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div> |                 |                       |              |              |              |
| Results  |                 |                       |              |              |              |
|  |                 | Medical               | Rx           | Total        |              |
|  | Allowed PMPM    | \$424.01              | \$101.67     | \$525.68     |              |
|  | Plan PMPM       | \$371.08              | \$89.79      | \$460.88     |              |
|  | Actuarial Value | 87.5%                 | 88.3%        | 87.67%       |              |

7. Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Adjusted Actuarial Value:

| Inputs   |              |                       |          |                |              |
|--|--------------|-----------------------|----------|----------------|--------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>  |              |                       |          |                |              |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>  |              |                       |          |                |              |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>   |              |                       |          |                |              |
| <i>A message box will appear to indicate that the calculations are done.</i>   |              |                       |          |                |              |
|  |              | Medical               | Rx       |                |              |
| Individual Deductible  |              | 1,250                 | 1,250    |                |              |
| Family Deductible  |              | 2,500                 | 2,500    |                |              |
| Individual Out-of-Pocket   |              | 1,250                 | 1,250    |                |              |
| Family Out-of-Pocket   |              | 2,500                 | 2,500    |                |              |
| Coinsurance (50% or Less)  |              | 0%                    | 0%       |                |              |
| Individual Embedded Moop:  |              | 8,200                 |          |                |              |
|  |              | Costs that Accumulate |          |                |              |
|  |              |                       | OOP      |                | Deductible / |
|  |              | Deductible            | Medical  | Rx             | OOP Type     |
| Settings   | Medical & Rx | Medical & Rx          | Rx Only  | Aggregate Plus | 6            |
| <div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div> |              |                       |          |                |              |
| Results  |              |                       |          |                |              |
|  |              | Medical               | Rx       | Total          |              |
| Allowed PMPM   |              | \$424.01              | \$101.67 | \$525.68       |              |
| Plan PMPM  |              | \$368.88              | \$89.31  | \$458.19       |              |
| Actuarial Value  |              | 87.0%                 | 87.8%    | 87.16%         |              |

### 8. Silver HDHP – Embedded MOOP CSR – 94%

AV from AVC = 94.0%

Adjusted AV = 94.0%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Platinum

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    | \$0.00                   | 1st Tier Utilization: | 100%                     |
|                                |                          | 2nd Tier Utilization: | 0%                       |

|                                       | Tier 1 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      | \$550.00 |
| Coinsurance (%; Insurer's Cost Share) |                            |      | 100.00%  |
| MOOP (\$)                             |                            |      | \$550.00 |
| MOOP if Separate (\$)                 |                            |      |          |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

[Click Here for Important Instructions](#)

| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                       |                              |                           |                    | Tier 1                               | Tier 2                               |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?       | Subject to Coinsurance?      | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialist Visit   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Speech Therapy   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>     | <input type="checkbox"/>     | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Generics   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |

**Options for Additional Benefit Design Limits:**

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       |                          |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/> |
| # Days (1-10):  |                          |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/> |
| # Visits (1-10):  |                          |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10):  |                          |

**Plan Description:**

Name: 2020 HDHP Plan CSR Variations - 133-150% FPL (94% AV)  
 Plan HIOS ID:  
 Issuer HIOS ID:

**Output**

Calculate

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.  
 Actuarial Value: 94.04%  
 Metal Tier: Platinum

**Additional Notes:**

Calculation Time: 0.1016 seconds

Draft 2020 AV Calculator

8. Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Normalization:

| <b>Inputs</b>  |          |              |              |              |              |
|--|----------|--------------|--------------|--------------|--------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>  |          |              |              |              |              |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>  |          |              |              |              |              |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>   |          |              |              |              |              |
| <i>A message box will appear to indicate that the calculations are done.</i>   |          |              |              |              |              |
|  |          | Medical      | Rx           |              |              |
| Individual Deductible  |          | 550          | 550          |              |              |
| Family Deductible  |          | 1,100        | 1,100        |              |              |
| Individual Out-of-Pocket   |          | 550          | 550          |              |              |
| Family Out-of-Pocket   |          | 1,100        | 1,100        |              |              |
| Coinsurance (50% or Less)  |          | 0%           | 0%           |              |              |
| Individual Embedded Moop:  |          | 7,900        |              |              |              |
| Costs that Accumulate  |          |              |              |              |              |
|  |          |              | OOP          |              |              |
|  |          | Deductible   | Medical      | Rx           | Deductible / |
|  | Settings | Medical & Rx | Medical & Rx | Medical & Rx | OOP Type     |
|  |          |              |              |              | Stacked      |
|  |          |              |              |              | 5            |
| <div style="border: 1px solid black; border-radius: 15px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div> |          |              |              |              |              |
| <b>Results</b>   |          |              |              |              |              |
|  |          | Medical      | Rx           | Total        |              |
| Allowed PMPM   |          | \$437.87     | \$104.99     | \$542.86     |              |
| Plan PMPM  |          | \$411.84     | \$98.72      | \$510.56     |              |
| Actuarial Value  |          | 94.1%        | 94.0%        | 94.05%       |              |

8. Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Adjusted Actuarial Value:

| Inputs  |              |                       |          |                |              |
|---|--------------|-----------------------|----------|----------------|--------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>   |              |                       |          |                |              |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |              |                       |          |                |              |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>  |              |                       |          |                |              |
| <i>A message box will appear to indicate that the calculations are done.</i>  |              |                       |          |                |              |
|   |              | Medical               | Rx       |                |              |
| Individual Deductible   |              | 550                   | 550      |                |              |
| Family Deductible   |              | 1,100                 | 1,100    |                |              |
| Individual Out-of-Pocket  |              | 550                   | 550      |                |              |
| Family Out-of-Pocket  |              | 1,100                 | 1,100    |                |              |
| Coinsurance (50% or Less)   |              | 0%                    | 0%       |                |              |
| Individual Embedded Moop:   |              | 7,900                 |          |                |              |
|   |              | Costs that Accumulate |          |                |              |
|   |              |                       | OOP      |                | Deductible / |
|   |              | Deductible            | Medical  | Rx             | OOP Type     |
| Settings  | Medical & Rx | Medical & Rx          | Rx Only  | Aggregate Plus | 6            |
| <div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 30px; background-color: #4a7ebb; color: white; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span>Calculate</span> </div> |              |                       |          |                |              |
| Results   |              |                       |          |                |              |
|   |              | Medical               | Rx       | Total          |              |
| Allowed PMPM  |              | \$437.87              | \$104.99 | \$542.86       |              |
| Plan PMPM   |              | \$411.75              | \$98.64  | \$510.39       |              |
| Actuarial Value   |              | 94.0%                 | 94.0%    | 94.02%         |              |

### 9. Silver Deductible CSR – 73%

AV from AVC = 73.09%

#### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 67.84%/67.05% = 1.011 x 73.09% = 73.95%

Adjusted AV = 73.9%

#### AVC Screen Shot:

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?   
 Apply Inpatient Copay per Day?   
 Apply Skilled Nursing Facility Copay per Day?   
 Use Separate MOOP for Medical and Drug Spending?   
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    | \$0.00                   | 1st Tier Utilization: | 100%                     |
|                                |                          | 2nd Tier Utilization: | 0%                       |

| Tier 1 Plan Benefit Design             |            |          | Tier 2 Plan Benefit Design |      |          |
|--|------------|----------|----------------------------|------|----------|
| Medical                                | Drug       | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                        | \$3,100.00 | \$350.00 |                            |      |          |
| Coinsurance (% , Insurer's Cost Share) | 50.00%     | 50.00%   |                            |      |          |
| MOOP (\$)                              | \$6,500.00 |          |                            |      |          |
| MOOP if Separate (\$)                  |            |          |                            |      |          |

| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                       |                              |                           |                    | Tier 1                               | Tier 2                               |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?       | Subject to Coinsurance?      | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$250.00           | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$35.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialist Visit   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$70.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$35.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           | \$70.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Speech Therapy   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$45.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Occupational and Physical Therapy  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>     | <input type="checkbox"/>     | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$12.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$60.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?   
 Specialty Rx Coinsurance Maximum: \_\_\_\_\_

Set a Maximum Number of Days for Charging an IP Copay?   
 # Days (1-10): \_\_\_\_\_

Begin Primary Care Cost-Sharing After a Set Number of Visits?   
 # Visits (1-10): \_\_\_\_\_

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
 # Copays (1-10): \_\_\_\_\_

**Plan Description:**  
 2020  
 Deductible  
 Plan CSR  
 Variations - 250-  
 300% FPL -  
 revised  
 (73% AV) -  
 OPTION 2

**Name:** \_\_\_\_\_  
**Plan HIOS ID:** \_\_\_\_\_  
**Issuer HIOS ID:** \_\_\_\_\_

**Output**

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
 Actuarial Value: 73.09%  
 Metal Tier: Silver  
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1641 seconds  
 Final 2020 AV Calculator

### 9. Silver Deductible CSR – 73%, Continued

HDHP Model – Without Prescription Drug Adjustments:

| Inputs  |  |  |              |              |                       |
|---|--|--|--------------|--------------|-----------------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i> |  |  |              |              |                       |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |  |  |              |              |                       |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>                              |  |  |              |              |                       |
| <i>A message box will appear to indicate that the calculations are done.</i>  |  |  |              |              |                       |
|   |  | Medical  | Rx           |              |                       |
| Individual Deductible   |  | 3,100  | 350          |              |                       |
| Family Deductible   |  | 6,200  | 700          |              |                       |
| Individual Out-of-Pocket  |  | 6,500  | 6,500        |              |                       |
| Family Out-of-Pocket  |  | 13,000   | 13,000       |              |                       |
| Coinsurance (50% or Less)   |  | 42%  | 32%          |              |                       |
| Individual Embedded Moop:   |  | 8,150  |              |              |                       |
|   |  | Costs that Accumulate  |              |              |                       |
|   |  |  | OOP          |              |                       |
|   |  | Deductible   | Medical      | Rx           | Deductible / OOP Type |
| Settings  |  | Medical & Rx   | Medical & Rx | Medical & Rx | Stacked               |
|   |  | <div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div> |              |              |                       |
| Results   |  |  |              |              |                       |
|   |  | Medical  | Rx           | Total        |                       |
| Allowed PMPM  |  | \$419.39   | \$100.56     | \$519.95     |                       |
| Plan PMPM   |  | \$269.64   | \$78.97      | \$348.61     |                       |
| Actuarial Value   |  | 64.3%  | 78.5%        | 67.05%       |                       |

9. Silver Deductible CSR – 73%, Continued

HDHP Model – With Prescription Drug Adjustments:

| Inputs  |              |   |          |          |              |
|---|--------------|---|----------|----------|--------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i> |              |   |          |          |              |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |              |   |          |          |              |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>                              |              |   |          |          |              |
| <i>A message box will appear to indicate that the calculations are done.</i>  |              |   |          |          |              |
|   |              | Medical   | Rx       |          |              |
| Individual Deductible   |              | 3,100   | 350      |          |              |
| Family Deductible   |              | 6,200   | 700      |          |              |
| Individual Out-of-Pocket  |              | 6,500   | 1,200    |          |              |
| Family Out-of-Pocket  |              | 13,000  | 2,400    |          |              |
| Coinsurance (50% or Less)   |              | 42%   | 32%      |          |              |
| Individual Embedded Moop:   |              | 8,150   |          |          |              |
|   |              | Costs that Accumulate   |          |          |              |
|   |              |   | OOP      |          |              |
|   |              | Deductible  | Medical  | Rx       | Deductible / |
| Settings  | Medical & Rx | Medical & Rx  | Rx Only  |          | OOP Type     |
|   |              |   |          |          | Stacked      |
|   |              |   |          |          | 2            |
|   |              | <div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px; display: inline-block; border-radius: 10px;">Calculate</div> |          |          |              |
| Results   |              |   |          |          |              |
|   |              | Medical   | Rx       | Total    |              |
| Allowed PMPM  |              | \$419.39  | \$100.56 | \$519.95 |              |
| Plan PMPM   |              | \$266.78  | \$85.95  | \$352.74 |              |
| Actuarial Value   |              | 63.6%   | 85.5%    | 67.84%   |              |

### 10. Silver Deductible CSR – 77%

AV from AVC = 77.3%

### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $72.86\%/72.33\% = 1.007 \times .773 = 77.9\%$

Adjusted AV = 77.9%

### AVC Screen Shot:

#### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    | \$0.00                   | 1st Tier Utilization: | 100%                     |
|                                |                          | 2nd Tier Utilization: | 0%                       |

Desired Metal Tier: Gold

|                                       | Tier 1 Plan Benefit Design |          |          |
|---------------------------------------|----------------------------|----------|----------|
|                                       | Medical                    | Drug     | Combined |
| Deductible (\$)                       | \$2,300.00                 | \$250.00 |          |
| Coinsurance (%; Insurer's Cost Share) | 50.00%                     | 50.00%   |          |
| MOOP (\$)                             | \$5,000.00                 |          |          |
| MOOP if Separate (\$)                 |                            |          |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                       |                              |                           |                    | Tier 1                               |                              | Tier 2                               |                              |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|------------------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?       | Subject to Coinsurance?      | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$250.00           | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$25.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$50.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$25.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$50.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$35.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>     | <input type="checkbox"/>     | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$12.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$60.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     | <input type="checkbox"/>             | <input type="checkbox"/>     |

#### Options for Additional Benefit Design Limits:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Set a Maximum on Specialty Rx Coinsurance Payments?<br>Specialty Rx Coinsurance Maximum:    |
| <input type="checkbox"/> | Set a Maximum Number of Days for Charging an IP Copay?<br># Days (1-10):                    |
| <input type="checkbox"/> | Begin Primary Care Cost-Sharing After a Set Number of Visits?<br># Visits (1-10):           |
| <input type="checkbox"/> | Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?<br># Copays (1-10): |

#### Plan Description:

2020  
Deductible  
Plan CSR  
Variations - 200  
250% FPL (77%  
AV)

Name:  
Plan HIOS ID:  
Issuer HIOS ID:

#### Output

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.  
77.32%

Actuarial Value:

Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.1172 seconds

[Draft 2020 AV Calculator](#)

10. Silver Deductible CSR – 77%, Continued

HDHP Model – Without Prescription Drug Adjustments:

| Inputs  |              |  |              |              |          |
|---|--------------|--|--------------|--------------|----------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i> |              |  |              |              |          |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |              |  |              |              |          |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>                              |              |  |              |              |          |
| <i>A message box will appear to indicate that the calculations are done.</i>  |              |  |              |              |          |
|   |              | Medical                                  | Rx           |              |          |
| Individual Deductible   |              | 2,300                                    | 250          |              |          |
| Family Deductible   |              | 4,600                                    | 500          |              |          |
| Individual Out-of-Pocket  |              | 5,000                                    | 5,000        |              |          |
| Family Out-of-Pocket  |              | 10,000                                   | 10,000       |              |          |
| Coinsurance (50% or Less)   |              | 41%                                      | 30%          |              |          |
| Individual Embedded Moop:   |              | 8,200                                    |              |              |          |
|   |              | Costs that Accumulate                    |              |              |          |
|   |              |  | OOP          | Deductible / |          |
|   |              | Deductible                               | Medical      | Rx           | OOP Type |
| Settings  | Medical & Rx | Medical & Rx                             | Medical & Rx | Medical & Rx | Stacked  |
|   |              | <input type="button" value="Calculate"/> |              |              |          |
| Results   |              |  |              |              |          |
|   |              | Medical                                  | Rx           | Total        |          |
| Allowed PMPM  |              | \$434.86                                 | \$104.27     | \$539.13     |          |
| Plan PMPM   |              | \$304.21                                 | \$85.74      | \$389.95     |          |
| Actuarial Value   |              | 70.0%                                    | 82.2%        | 72.33%       |          |

### 10. Silver Deductible CSR – 77%, Continued

HDHP Model – With Prescription Drug Adjustments:

| Inputs  |              |                       |          |          |              |
|---|--------------|-----------------------|----------|----------|--------------|
| <p><i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i></p> <p><i>Press 'Calculate' anytime an input or dropdown selection is changed.</i></p> <p><i>Note that the model run-time will vary based on the computers processing speed.</i></p> <p><i>A message box will appear to indicate that the calculations are done.</i></p> |              |                       |          |          |              |
|   |              | Medical               | Rx       |          |              |
| Individual Deductible   |              | 2,300                 | 250      |          |              |
| Family Deductible   |              | 4,600                 | 500      |          |              |
| Individual Out-of-Pocket  |              | 5,000                 | 1,000    |          |              |
| Family Out-of-Pocket  |              | 10,000                | 2,000    |          |              |
| Coinsurance (50% or Less)   |              | 41%                   | 30%      |          |              |
| Individual Embedded Moop:   |              | 8,200                 |          |          |              |
|   |              | Costs that Accumulate |          |          |              |
|   |              |                       | OOP      |          |              |
|   |              | Deductible            | Medical  | Rx       | Deductible / |
| Settings  | Medical & Rx | Medical & Rx          | Rx Only  |          | OOP Type     |
|   |              |                       |          |          | Stacked      |
|   |              |                       |          |          | 2            |
| <div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; margin: 10px 0;">Calculate</div>  |              |                       |          |          |              |
| Results   |              |                       |          |          |              |
|   |              | Medical               | Rx       | Total    |              |
| Allowed PMPM  |              | \$434.86              | \$104.27 | \$539.13 |              |
| Plan PMPM   |              | \$301.52              | \$91.32  | \$392.84 |              |
| Actuarial Value   |              | 69.3%                 | 87.6%    | 72.86%   |              |

### 11. Silver Deductible CSR – 87%

AV from AVC = 87.8%

#### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $85.25\%/85.06\% = 1.002 \times .878 = 88.0\%$

Adjusted AV = 88.0%

#### AVC Screen Shot:

##### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    | \$0.00                   | 1st Tier Utilization: | 100%                     |
|                                |                          | 2nd Tier Utilization: | 0%                       |

| Tier 1 Plan Benefit Design           |            |          |
|--------------------------------------|------------|----------|
| Medical                              | Drug       | Combined |
| Deductible (\$)                      | \$900.00   | \$150.00 |
| Coinsurance (% Insurer's Cost Share) | 60.00%     | 50.00%   |
| MOOP (\$)                            | \$1,900.00 |          |
| MOOP if Separate (\$)                |            |          |

| Tier 2 Plan Benefit Design           |      |          |
|--------------------------------------|------|----------|
| Medical                              | Drug | Combined |
| Deductible (\$)                      |      |          |
| Coinsurance (% Insurer's Cost Share) |      |          |
| MOOP (\$)                            |      |          |
| MOOP if Separate (\$)                |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                       |                              |                           |                    | Tier 1                               | Tier 2                               |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?       | Subject to Coinsurance?      | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$250.00           | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$10.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialist Visit   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$30.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$10.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Speech Therapy   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$30.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Occupational and Physical Therapy  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$15.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>     | <input type="checkbox"/>     | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$10.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$50.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |

##### Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?<br>Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/> |
| Set a Maximum Number of Days for Charging an IP Copay?<br># Days (1-10):                    | <input type="checkbox"/> |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?<br># Visits (1-10):           | <input type="checkbox"/> |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?<br># Copays (1-10): | <input type="checkbox"/> |

##### Plan Description:

2020  
Deductible  
Plan CSR  
Variations - 150-  
200% FPL  
Name: (87% AV)

Name:  
Plan HIOS ID:  
Issuer HIOS ID:

##### Output

##### Status/Error Messages:

Actuarial Value:  
Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.  
87.76%  
Gold

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

##### Additional Notes:

Calculation Time:  
Draft 2020 AV Calculator

0.0898 seconds

11. Silver Deductible CSR – 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

| Inputs  |              |  |              |              |          |
|---|--------------|--|--------------|--------------|----------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i> |              |  |              |              |          |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |              |  |              |              |          |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>                              |              |  |              |              |          |
| <i>A message box will appear to indicate that the calculations are done.</i>  |              |  |              |              |          |
|   |              | Medical  | Rx           |              |          |
| Individual Deductible   |              | 900  | 150          |              |          |
| Family Deductible   |              | 1,800  | 300          |              |          |
| Individual Out-of-Pocket  |              | 1,900  | 1,900        |              |          |
| Family Out-of-Pocket  |              | 3,800  | 3,800        |              |          |
| Coinsurance (50% or Less)   |              | 32%  | 28%          |              |          |
| Individual Embedded Moop:   |              | 8,200  |              |              |          |
|   |              | Costs that Accumulate  |              |              |          |
|   |              |  | OOP          | Deductible / |          |
|   |              | Deductible   | Medical      | Rx           | OOP Type |
| Settings  | Medical & Rx | Medical & Rx   | Medical & Rx | Medical & Rx | Stacked  |
|   |              |  |              |              | 5        |
|   |              | <div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div> |              |              |          |
| Results   |              |  |              |              |          |
|   |              | Medical  | Rx           | Total        |          |
| Allowed PMPM  |              | \$424.01   | \$101.67     | \$525.68     |          |
| Plan PMPM   |              | \$356.48   | \$90.67      | \$447.15     |          |
| Actuarial Value   |              | 84.1%  | 89.2%        | 85.06%       |          |

### 11. Silver Deductible CSR – 87%, Continued

HDHP Model – With Prescription Drug Adjustments:

| Inputs  |  |  |              |          |              |
|---|--|--|--------------|----------|--------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i> |  |  |              |          |              |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |  |  |              |          |              |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>                              |  |  |              |          |              |
| <i>A message box will appear to indicate that the calculations are done.</i>  |  |  |              |          |              |
|   |  | Medical  | Rx           |          |              |
| Individual Deductible   |  | 900  | 150          |          |              |
| Family Deductible   |  | 1,800  | 300          |          |              |
| Individual Out-of-Pocket  |  | 1,900  | 400          |          |              |
| Family Out-of-Pocket  |  | 3,800  | 800          |          |              |
| Coinsurance (50% or Less)   |  | 32%  | 28%          |          |              |
| Individual Embedded Moop:   |  | 8,200  |              |          |              |
|   |  | Costs that Accumulate  |              |          |              |
|   |  |  | OOP          |          | Deductible / |
|   |  | Deductible   | Medical      | Rx       | OOP Type     |
| Settings  |  | Medical & Rx   | Medical & Rx | Rx Only  | Stacked      |
|   |  |  |              |          | 2            |
|   |  | <div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div> |              |          |              |
| Results   |  |  |              |          |              |
|   |  | Medical  | Rx           | Total    |              |
| Allowed PMPM  |  | \$424.01   | \$101.67     | \$525.68 |              |
| Plan PMPM   |  | \$354.19   | \$93.95      | \$448.14 |              |
| Actuarial Value   |  | 83.5%  | 92.4%        | 85.25%   |              |

## 12. Silver Deductible CSR – 94%

AV from AVC = 94.8%

### Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments =  $94.79\%/94.66\% = 1.001 \times .946 = 95.0\%$

Adjusted AV = 95.0%

### AVC Screen Shot:

#### User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?  
 Apply Inpatient Copay per Day?  
 Apply Skilled Nursing Facility Copay per Day?  
 Use Separate MOOP for Medical and Drug Spending?  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
 Desired Metal Tier: Platinum

| Tier 1 Plan Benefit Design            |          |          |
|---------------------------------------|----------|----------|
| Medical                               | Drug     | Combined |
| Deductible (\$)                       | \$200.00 | \$0.00   |
| Coinsurance (%; Insurer's Cost Share) | 90.00%   | 70.00%   |
| MOOP (\$)                             | \$900.00 |          |
| MOOP if Separate (\$)                 |          |          |

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    | \$0.00                   | 1st Tier Utilization: | 100%                     |
|                                |                          | 2nd Tier Utilization: | 0%                       |

| Tier 2 Plan Benefit Design            |      |          |
|---------------------------------------|------|----------|
| Medical                               | Drug | Combined |
| Deductible (\$)                       |      |          |
| Coinsurance (%; Insurer's Cost Share) |      |          |
| MOOP (\$)                             |      |          |
| MOOP if Separate (\$)                 |      |          |

[Click Here for Important Instructions](#)

| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                       |                              |                           |                    | Tier 1                               | Tier 2                               |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|------------------------------|------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?       | Subject to Coinsurance?      | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$75.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$5.00             | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialist Visit   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$15.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$5.00             | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Speech Therapy   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$15.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Occupational and Physical Therapy  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$7.00             | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>     | <input type="checkbox"/>     | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All | <input type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$5.00             | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preferred Brand Drugs  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$20.00            | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Non-Preferred Brand Drugs  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialty Drugs (i.e. high-cost)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>     | <input type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |

#### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?  
Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?  
# Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?  
# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  
# Copays (1-10):

#### Plan Description:

2020  
Deductible  
Plan CSR  
Variations - 133-  
150% FPL  
(94% AV)

Name:  
Plan HIOS ID:  
Issuer HIOS ID:

#### Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Draft 2020 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.

94.84%

Platinum

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.0938 seconds

Silver Deductible CSR – 94%, Continued

HDHP Model – Without Prescription Drug Adjustments:

| Inputs  |          |  |              |              |              |
|---|----------|--|--------------|--------------|--------------|
| <p><i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i></p> <p><i>Press 'Calculate' anytime an input or dropdown selection is changed.</i></p> <p><i>Note that the model run-time will vary based on the computers processing speed.</i></p> <p><i>A message box will appear to indicate that the calculations are done.</i></p> |          |  |              |              |              |
|   |          | Medical  | Rx           |              |              |
| Individual Deductible   |          | 200  | 0            |              |              |
| Family Deductible   |          | 400  | 0            |              |              |
| Individual Out-of-Pocket  |          | 900  | 900          |              |              |
| Family Out-of-Pocket  |          | 1,800  | 1,800        |              |              |
| Coinsurance (50% or Less)   |          | 9%   | 14%          |              |              |
| Individual Embedded Moop:   |          | 8,200  |              |              |              |
|   |          | Costs that Accumulate  |              |              |              |
|   |          |  | OOP          |              |              |
|   |          | Deductible   | Medical      | Rx           | Deductible / |
|   | Settings | Medical & Rx   | Medical & Rx | Medical & Rx | OOP Type     |
|   |          |  |              |              | Stacked      |
|   |          |  |              |              | 5            |
|   |          | <div style="border: 1px solid black; border-radius: 10px; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block;">Calculate</div> |              |              |              |
| Results   |          |  |              |              |              |
|   |          | Medical  | Rx           | Total        |              |
| Allowed PMPM  |          | \$437.87   | \$104.99     | \$542.86     |              |
| Plan PMPM   |          | \$413.68   | \$100.18     | \$513.87     |              |
| Actuarial Value   |          | 94.5%  | 95.4%        | 94.66%       |              |

## 12. Silver Deductible CSR – 94%, Continued

HDHP Model – With Prescription Drug Adjustments:

| Inputs  |                 |  |              |          |              |
|---|-----------------|--|--------------|----------|--------------|
| <i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i> |                 |  |              |          |              |
| <i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>   |                 |  |              |          |              |
| <i>Note that the model run-time will vary based on the computers processing speed.</i>                              |                 |  |              |          |              |
| <i>A message box will appear to indicate that the calculations are done.</i>  |                 |  |              |          |              |
|   |                 | Medical  | Rx           |          |              |
| Individual Deductible   |                 | 200  | 0            |          |              |
| Family Deductible   |                 | 400  | 0            |          |              |
| Individual Out-of-Pocket  |                 | 900  | 200          |          |              |
| Family Out-of-Pocket  |                 | 1,800  | 400          |          |              |
| Coinsurance (50% or Less)   |                 | 9%   | 14%          |          |              |
| Individual Embedded Moop:   |                 | 8,200  |              |          |              |
|   |                 | Costs that Accumulate  |              |          |              |
|   |                 |  | OOP          |          |              |
|   |                 | Deductible   | Medical      | Rx       | Deductible / |
|   | Settings        | Medical & Rx   | Medical & Rx | Rx Only  | OOP Type     |
|   |                 |  |              |          | Stacked      |
|   |                 | <div style="border: 1px solid black; border-radius: 10px; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block;">Calculate</div> |              |          |              |
| Results   |                 |  |              |          |              |
|   |                 | Medical  | Rx           | Total    |              |
|   | Allowed PMPM    | \$437.87   | \$104.99     | \$542.86 |              |
|   | Plan PMPM       | \$412.84   | \$101.73     | \$514.56 |              |
|   | Actuarial Value | 94.3%  | 96.9%        | 94.79%   |              |



## Contact Information

### **Company Information**

|                     |                       |
|---------------------|-----------------------|
| Company Legal Name: | MVP Health Plan, Inc. |
| HIOS Issuer ID:     | 77566                 |
| NAIC Number:        | 95521                 |

### **Primary Contact Information**

|                          |  |
|--------------------------|--|
| Contact Name:            | Eric Bachner, ASA  |
| Contact Title:           | Leader, Actuarial  |
| Primary Contact Phone #: | 1-800-777-4793, ext. 7213  |
| Primary Contact Address: | 625 State Street<br>Schenectady, NY 12301-2207                             |
| Primary Contact E-mail:  | <a href="mailto:ebachner@mvphealthcare.com">ebachner@mvphealthcare.com</a> |

## **FILING AMENDMENT 2020 Vermont Exchange Filing**

### **Purpose and Scope of Amendment**

MVP is submitting an amendment to its 2020 Vermont Exchange Filing (SERFF# MVPH-131934219) to reflect updated medical trend information. The updated trends have the impact of reducing MVP's proposed contract-weighted rate increase from the 9.4% as originally stated in the Actuarial Memorandum to 8.5%.

### **Technical Details**

While preparing the necessary data for L&E Objection Letter #1 (dated May 16, 2019), MVP discovered that the trends for facilities under the Green Mountain Care Board's (GMCB) jurisdiction reflected the proposed hospital budgets for Fiscal Year 2019 (FY2019). Trends for those facilities have been updated to reflect the GMCB's hospital budget decisions for FY2019. This includes the mid-year rate increase for Springfield Hospital that was approved by the GMCB on May 10, 2019.

### **Amended Documents**

The following documents have been included in the amendment to reflect the change: VT 2020 Exchange Rate Filing\_SERFF and Rate Increase Exhibit 2019-2020\_SERFF. The exhibits in the VT 2020 Exchange Rate Filing\_SERFF document that have been affected include: Exhibit 2a, Exhibit 3, Exhibit 6 and Exhibit 7.



\_\_\_\_\_  
Eric Bachner, ASA  
Leader, Actuarial, Commercial/Gov't Programs  
MVP Health Care, Inc.

05/21/2019  
Date



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
mvphhealthcare.com

**ACTUARIAL CERTIFICATION**  
**FEDERAL ACTUARIAL VALUE ADJUSTMENT**  
**VERMONT EXCHANGE**  
***Gold 3 HDHP Plus***  
***Silver 2 HDHP Plus***  
***Silver 2 HDHP Plus II***

MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange as well as Silver metal plans off of the Exchange. One standard plan is offered at the Platinum and Catastrophic metal levels, while standard and non-standard plans are offered at the remaining levels. Standard plans are prescribed by the State of Vermont and are separately certified where necessary. Non-standard plans are filed at the discretion of MVP. MVP offers three non-standard benefit plans, Gold 3 HDHP Plus, Silver 2 HDHP Plus, and Silver 2 HDHP Plus II, with benefit features that don't fit into the parameters of the Federal Actuarial Value Calculator and therefore are being certified herein. The purpose of this memorandum is to document the actuarial analysis and adjusted actuarial values output from the 2020 Federal Actuarial Value calculator exhibiting compliance with the metal level requirements outlined in 45 CFR 156.140(b).

MVP's benefit pricing model is populated with allowed claim utilization from approximately 211,000 covered MVP commercial members. The data reflects claims paid for 2017 incurred dates, paid as of January 31, 2019. MVP combines data from all of its commercial products and states to increase the credibility in the data set. This data set is considered fully credible and appropriate for use as a benefit pricing tool for MVP's fully insured commercial members. The underlying data is appropriate relative to the Vermont Essential Health Benefit Package.

The model uses traditional continuance table logic to value plan deductibles and OOP maximums as well as average utilization per 1,000 and average unit cost per service data for all of the significant services that drive member cost sharing. Specific factor adjustments are included in the methodology to account for family deductible and OOP limits, aggregate deductible types, and the State of Vermont maximum Rx OOP regulation. While reduced copays for 90-day supplies of mail order prescriptions also does not fit into the Federal Actuarial Value calculator, the impact on the Actuarial Value is negligible for all plans and is not reflected in the factors presented. The factor adjustments were derived based on modeling the Net Plan liabilities from this subscriber/member based historical allowed claim data set both with and without these benefit features.

The methodology of MVP's benefit pricing tool is consistent with the methodology underlying the Federal calculator with regard to the following factors: continuance tables that reflect membership enrolled for a full 12 months, out of network costs are not considered in the actuarial values, and the model reflects the anticipated utilization of the standard population buying products at these metal levels without consideration for induced demand.

Pursuant to 45 CFR 156.135(b) one of two permitted alternative methods must be used to determine any final adjusted Federal AV. MVP used the AV Calculator to determine the Federal AV for the plan provisions that fit within the calculator parameters and then calculated an actuarial adjustment factor to apply to the calculator produced AV to account for the plan features that materially deviate from the calculator parameters. The product of the Federal Calculator produced AV times the actuarial adjustment factor is the final Federal AV for the benefit plan. I certify that the adjustments made are appropriate and in accordance with generally accepted actuarial principles and methodologies.

The following 3 benefit features for the Gold 3 HDHP Plus were determined to not fit the Federal Calculator:

- VT secondary Rx OOP max
- Aggregate Family Deductible
- Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus and Silver 2 HDHP II Plus were determined to not fit the Federal Calculator:

- VT secondary Rx OOP max
- Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus 73% and 77% cost-sharing reduction plan were determined to not fit the Federal Calculator:

- VT secondary Rx OOP max
- Safe harbor prescription drug benefits excluded from the plan deductible

The following benefit feature for the Silver 2 HDHP Plus 87% and 94% cost-sharing reduction plans was determined to not fit the Federal Calculator:

- Safe harbor prescription drug benefits excluded from the plan deductible

To determine the adjustment factors, I used MVP's proprietary benefit pricing tool to value the AV for these plans first excluding the above features that don't fit the calculator and a second time with the above benefit changes. The ratio of the two AVs is the actuarial adjustment factor used to modify the Federal Calculator computed AV.

| Plan Description  | MVP determined AV | Federal AV before/after adjustment |
|---|-------------------|------------------------------------|
| Gold 3 HDHP Plus with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit  | 77.10%            | 78.67%                             |
| Gold 3 HDHP Plus including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit | 76.92%            | 78.51%                             |
| Silver 2 HDHP Plus with no secondary Rx OOP max and with no safe harbor drug benefit                                  | 67.84%            | 69.51%                             |
| Silver 2 HDHP Plus including the secondary Rx OOP max and the safe harbor drug benefit                                | 70.24%            | 71.94%                             |
| Silver 2 HDHP Plus 73% CSR with no secondary Rx OOP max and with no safe harbor drug benefit                          | 70.40%            | 71.92%                             |
| Silver 2 HDHP Plus 73% CSR including the secondary Rx OOP max and the safe harbor drug benefit                        | 72.41%            | 73.98%                             |
| Silver 2 HDHP Plus 77% CSR with no secondary Rx OOP max and with no safe harbor drug benefit                          | 74.52%            | 75.52%                             |
| Silver 2 HDHP Plus 77% CSR including the secondary Rx OOP max and the safe harbor drug benefit                        | 75.78%            | 76.81%                             |
| Silver 2 HDHP Plus 87% CSR with no safe harbor drug benefit   | 85.54%            | 86.57%                             |
| Silver 2 HDHP Plus 87% CSR including the safe harbor drug benefit   | 85.79%            | 86.83%                             |
| Silver 2 HDHP Plus 94% CSR with no safe harbor drug benefit   | 92.23%            | 93.57%                             |
| Silver 2 HDHP Plus 94% CSR including the safe harbor drug benefit   | 92.24%            | 93.57%                             |
| Silver 2 HDHP Plus II with no secondary Rx OOP max and with no safe harbor drug benefit                               | 67.75%            | 69.42%                             |
| Silver 2 HDHP Plus II including the secondary Rx OOP max and the safe harbor drug benefit                             | 70.15%            | 71.85%                             |

Actuarial Adjustment factor for Gold 3 Plan:  $0.998 = 76.92\% / 77.10\%$   
Final Federal AV for Gold 3 Plan:  $78.67\% \times 0.998 = 78.51\%$

Actuarial Adjustment factor for Silver 2 Plan:  $1.035 = 70.24\% / 67.84\%$   
Final Federal AV for Silver 2 Plan:  $69.51\% \times 1.035 = 71.94\%$

Actuarial Adjustment factor for Silver 2 73% Plan:  $1.029 = 72.41\% / 70.40\%$   
Final Federal AV for Silver 2 73% Plan:  $71.92\% \times 1.029 = 73.98\%$

Actuarial Adjustment factor for Silver 2 77% Plan:  $1.017 = 75.78\% / 74.52\%$   
Final Federal AV for Silver 2 77% Plan:  $75.52\% \times 1.017 = 76.81\%$

Actuarial Adjustment factor for Silver 2 87% Plan:  $1.003 = 85.79\% / 85.54\%$   
Final Federal AV for Silver 2 87% Plan:  $86.57\% \times 1.003 = 86.83\%$

Actuarial Adjustment factor for Silver 2 94% Plan:  $1.000 = 92.24\% / 92.23\%$   
Final Federal AV for Silver 2 94% Plan:  $93.57\% \times 1.000 = 93.57\%$

Actuarial Adjustment factor for Silver 2 II Plan:  $1.035 = 70.15\% / 67.75\%$   
Final Federal AV for Silver 2 II Plan:  $69.42\% \times 1.035 = 71.85\%$

#### CERTIFICATION

I, Matthew Lombardo, Senior Leader, Actuarial Services for MVP Health Care, am a member of the Academy of Actuaries and a Fellow of the Society of Actuaries, and I meet its qualification standards to provide this certification. I have used the 2020 Actuarial Value Calculator to determine the actuarial value for the plan provisions that fit within the calculator and have determined the actuarially appropriate adjustment factors to apply where necessary for the identified plan features that, in my opinion, deviates substantially from the allowable inputs of the Federal calculator. The development of the actuarial value adjustment factor was determined in accordance with generally accepted actuarial principles and practices and conforms with the exception methodology outlined in 45 CFR 156.135 (b)(3).

The final actuarial values reported for each of these benefit plans, those from the Federal Calculator alone, and the adjusted plans, meet the required actuarial values for each respective metal level as outlined in 45 CFR 156.140(b).



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Matthew Lombardo, FSA, MAAA  
Senior Leader, Actuarial Services  
MVP Health Care

6/10/2019

Date

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

[MVP VT Plus] Silver 2 HDHP CSR 73

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

|                                       | Tier 1 Plan Benefit Design |      |            |
|---------------------------------------|----------------------------|------|------------|
|                                       | Medical                    | Drug | Combined   |
| Deductible (\$)                       |                            |      | \$4,100.00 |
| Coinsurance (%; Insurer's Cost Share) |                            |      | 100.00%    |
| MOOP (\$)                             |                            |      | \$4,100.00 |
| MOOP if Separate (\$)                 |                            |      | \$0.00     |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                          | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|---------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       |                          |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/> |
| # Days (1-10):  |                          |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/> |
| # Visits (1-10):  |                          |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10):  |                          |

Plan Description:

Name: [MVP VT Plus] Silver 2 HDHP CSR 73  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Actuarial Value:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

Metal Tier:

|        |        |          |
|--------|--------|----------|
| 71.92% | 1.0286 | 73.98%   |
|        | AV Adj | Final AV |

Additional Notes:

Calculation Time:

0.125 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

[MVP VT Plus] Gold 2

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

|                                       | Tier 1 Plan Benefit Design |            |            |
|---------------------------------------|----------------------------|------------|------------|
|                                       | Medical                    | Drug       | Combined   |
| Deductible (\$)                       | \$0.00                     | \$0.00     |            |
| Coinsurance (%; Insurer's Cost Share) | 100.00%                    | 50.00%     |            |
| MOOP (\$)                             |                            |            |            |
| MOOP if Separate (\$)                 | \$6,050.00                 | \$1,350.00 | \$7,400.00 |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                       |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?       | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$250.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$750.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$150.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>     | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$750.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$8.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |                          |
|--|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/> |
| Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):                    | <input type="checkbox"/> |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):           | <input type="checkbox"/> |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): | <input type="checkbox"/> |

Plan Description:

Name: [MVP VT Plus] Gold 2  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$10  
 VBID \$1

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.36%

Metal Tier:

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0898 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

[MVP VT Plus HDHP] Gold 3

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

| Tier 1 Plan Benefit Design            |         |      |            |
|---------------------------------------|---------|------|------------|
|                                       | Medical | Drug | Combined   |
| Deductible (\$)                       |         |      | \$2,700.00 |
| Coinsurance (%; Insurer's Cost Share) |         |      | 100.00%    |
| MOOP (\$)                             |         |      | \$2,700.00 |
| MOOP if Separate (\$)                 |         |      | \$0.00     |

| Tier 2 Plan Benefit Design            |         |      |          |
|---------------------------------------|---------|------|----------|
|                                       | Medical | Drug | Combined |
| Deductible (\$)                       |         |      |          |
| Coinsurance (%; Insurer's Cost Share) |         |      |          |
| MOOP (\$)                             |         |      |          |
| MOOP if Separate (\$)                 |         |      |          |

[Click Here for Important Instructions](#)

| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                          | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|---------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       |                          |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/> |
| # Days (1-10):  |                          |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/> |
| # Visits (1-10):  |                          |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10):  |                          |

Plan Description:

Name: [MVP VT Plus HDHP] Gold 3  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.67%      0.998      78.51%

Metal Tier:

Gold      AV Adj      Final AV

Additional Notes:

Calculation Time:

0.207 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

[MVP VT] Reflective Silver 1 II

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

|                                       | Tier 1 Plan Benefit Design |            |            |
|---------------------------------------|----------------------------|------------|------------|
|                                       | Medical                    | Drug       | Combined   |
| Deductible (\$)                       | \$1,500.00                 | \$500.00   |            |
| Coinsurance (%; Insurer's Cost Share) | 50.00%                     | 50.00%     |            |
| MOOP (\$)                             |                            |            |            |
| MOOP if Separate (\$)                 | \$6,500.00                 | \$1,350.00 | \$7,850.00 |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                              | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|-------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies after deductible?     |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All        | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$1,400.00         | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>            | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$150.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$1,400.00         | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$300.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All        | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |                                     |   |
|--|-------------------------------------|---|
| Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/>            |   |
| Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):                    | <input type="checkbox"/>            |   |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):           | <input type="checkbox"/>            |   |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): | <input checked="" type="checkbox"/> | 3 |

Plan Description:

Name: [MVP VT] Reflective Silver 1 II  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.96% 1 71.96  
 Silver AV Adj Final AV

Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0977 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

[MVP VT Plus] Silver 1 Plus

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

|                                       | Tier 1 Plan Benefit Design |            |            |
|---------------------------------------|----------------------------|------------|------------|
|                                       | Medical                    | Drug       | Combined   |
| Deductible (\$)                       | \$1,500.00                 | \$500.00   |            |
| Coinsurance (%; Insurer's Cost Share) | 50.00%                     | 50.00%     |            |
| MOOP (\$)                             |                            |            |            |
| MOOP if Separate (\$)                 | \$6,500.00                 | \$1,350.00 | \$7,850.00 |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |

[Click Here for Important Instructions](#)

| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                              | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|-------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies after deductible?     |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All        | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$1,400.00         | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>            | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$150.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$1,400.00         | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$300.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All        | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |                                     |   |
|--|-------------------------------------|---|
| Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/>            |   |
| Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):                    | <input type="checkbox"/>            |   |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):           | <input type="checkbox"/>            |   |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): | <input checked="" type="checkbox"/> | 3 |

Plan Description:

Name: [MVP VT Plus] Silver 1  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Calculation Successful.

71.96%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.2656 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

[MVP VT Plus] Silver CSR 73

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

|                                       | Tier 1 Plan Benefit Design |            |            |
|---------------------------------------|----------------------------|------------|------------|
|                                       | Medical                    | Drug       | Combined   |
| Deductible (\$)                       | \$1,300.00                 | \$450.00   |            |
| Coinsurance (%; Insurer's Cost Share) | 50.00%                     | 50.00%     |            |
| MOOP (\$)                             |                            |            |            |
| MOOP if Separate (\$)                 | \$5,400.00                 | \$1,350.00 | \$6,750.00 |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

[Click Here for Important Instructions](#)

| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$350.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$1,400.00         | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$150.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$1,400.00         | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$300.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |                                     |   |
|--|-------------------------------------|---|
| Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/>            |   |
| Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):                    | <input type="checkbox"/>            |   |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):           | <input type="checkbox"/>            |   |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): | <input checked="" type="checkbox"/> | 3 |

Plan Description:

Name: [MVP VT Plus] Silver CSR 73  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.96%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1445 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

[MVP VT PLUS] Silver 1 CSR 77

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

|                                       | Tier 1 Plan Benefit Design |            |            |
|---------------------------------------|----------------------------|------------|------------|
|                                       | Medical                    | Drug       | Combined   |
| Deductible (\$)                       | \$500.00                   | \$200.00   |            |
| Coinsurance (%; Insurer's Cost Share) | 70.00%                     | 60.00%     |            |
| MOOP (\$)                             |                            |            |            |
| MOOP if Separate (\$)                 | \$5,400.00                 | \$1,350.00 | \$6,750.00 |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$800.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |                                     |   |
|--|-------------------------------------|---|
| Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/>            |   |
| Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):                    | <input type="checkbox"/>            |   |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):           | <input type="checkbox"/>            |   |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): | <input checked="" type="checkbox"/> | 3 |

Plan Description:

Name: [MVP VT PLUS] Silver 1 CSR 77  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

77.92%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0898 seconds

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

**[MVP VT Plus] Silver 1 CSR 87**

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

|                                       | Tier 1 Plan Benefit Design |          |            |
|---------------------------------------|----------------------------|----------|------------|
|                                       | Medical                    | Drug     | Combined   |
| Deductible (\$)                       | \$0.00                     | \$0.00   |            |
| Coinsurance (%; Insurer's Cost Share) | 90.00%                     | 60.00%   |            |
| MOOP (\$)                             |                            |          |            |
| MOOP if Separate (\$)                 | \$2,450.00                 | \$600.00 | \$3,050.00 |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                       |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|------------------------------|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?       | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All | <input type="checkbox"/> All            |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$5.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$5.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$7.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>     | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input type="checkbox"/>     | <input checked="" type="checkbox"/>     | 20%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

**Options for Additional Benefit Design Limits:**

|  |                          |
|--|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/> |
| Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):                    | <input type="checkbox"/> |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):           | <input type="checkbox"/> |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): | <input type="checkbox"/> |

**Plan Description:**

**Name:** [MVP VT Plus] Silver 1 CSR 87  
**Plan HIOS ID:** [Input Plan HIOS ID]  
**Issuer HIOS ID:** [Input Issuer HIOS ID]

Generic \$5  
 VBID \$1

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

CSR Level of 87% (150-200% FPL), Calculation Successful.

87.92%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1016 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Platinum

[MVP VT Plus] Silver 1 CSR 94

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

|                                       | Tier 1 Plan Benefit Design |          |            |
|---------------------------------------|----------------------------|----------|------------|
|                                       | Medical                    | Drug     | Combined   |
| Deductible (\$)                       | \$0.00                     | \$0.00   |            |
| Coinsurance (%; Insurer's Cost Share) | 95.00%                     | 95.00%   |            |
| MOOP (\$)                             |                            |          |            |
| MOOP if Separate (\$)                 | \$1,450.00                 | \$350.00 | \$1,800.00 |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                       |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?       | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$25.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$5.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$5.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$25.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$7.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>     | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |                          |
|--|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/> |
| Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):                    | <input type="checkbox"/> |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):           | <input type="checkbox"/> |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): | <input type="checkbox"/> |

Plan Description:

Name: [MVP VT Plus] Silver 1 CSR 94  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.

94.99%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1406 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

[MVP VT Plus] Reflective Silver 2 II HDHP

| HSA/HRA Options   | Tiered Network Option                          |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/>  |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization: |

| Tier 1 Plan Benefit Design |      |            |
|----------------------------|------|------------|
| Medical                    | Drug | Combined   |
|                            |      | \$4,775.00 |
|                            |      | 100.00%    |
|                            |      | \$4,775.00 |
|                            |      |            |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |
|                            |      |          |

[Click Here for Important Instructions](#)

| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                               |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|--------------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Generics   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |

Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       |                          |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/> |
| # Days (1-10):  |                          |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/> |
| # Visits (1-10):  |                          |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10):  |                          |

Plan Description:

Name: [MVP VT Plus] Reflective Silver 2 II HDHP  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:  
Metal Tier:

69.42%  
Silver

|        |          |
|--------|----------|
| 1.0350 | 71.85%   |
| AV Adj | Final AV |

Additional Notes:

Calculation Time:

0.457 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

[MVP VT Plus] Silver 2 HDHP

| HSA/HRA Options   | Tiered Network Option                          |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/>  |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization: |

| Tier 1 Plan Benefit Design |      |            |
|----------------------------|------|------------|
| Medical                    | Drug | Combined   |
|                            |      | \$4,750.00 |
|                            |      | 100.00%    |
|                            |      | \$4,750.00 |
|                            |      | \$0.00     |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                               |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|--------------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Generics   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |

Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       |                          |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/> |
| # Days (1-10):  |                          |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/> |
| # Visits (1-10):  |                          |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10):  |                          |

Plan Description:

Name: [MVP VT Plus] Silver 2 HDHP  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:  
Metal Tier:

|        |        |          |
|--------|--------|----------|
| 69.51% | 1.0350 | 71.94%   |
| Silver | AV Adj | Final AV |

Additional Notes:

Calculation Time:

0.2109 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

[MVP VT Plus] Silver 2 HDHP CSR 73

| HSA/HRA Options   | Tiered Network Option                          |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/>  |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization: |

Desired Metal Tier: Silver

|                                       | Tier 1 Plan Benefit Design |      |            |
|---------------------------------------|----------------------------|------|------------|
|                                       | Medical                    | Drug | Combined   |
| Deductible (\$)                       |                            |      | \$4,400.00 |
| Coinsurance (%; Insurer's Cost Share) |                            |      | 100.00%    |
| MOOP (\$)                             |                            |      | \$4,400.00 |
| MOOP if Separate (\$)                 |                            |      | \$0.00     |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                          | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|---------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?<br>Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/> |
| Set a Maximum Number of Days for Charging an IP Copay?<br># Days (1-10):                    | <input type="checkbox"/> |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?<br># Visits (1-10):           | <input type="checkbox"/> |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?<br># Copays (1-10): | <input type="checkbox"/> |

Plan Description:

Name: [MVP VT Plus] Silver 2 HDHP CSR 73  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

Actuarial Value:

70.77%

Metal Tier:

1.029 AV Adj 72.83% Final AV

Additional Notes:

Calculation Time:

0.0977 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

[MVP VT Plus] Silver 2 HDHP CSR 77

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

Desired Metal Tier Silver

| Tier 1 Plan Benefit Design            |         |      |            |
|---------------------------------------|---------|------|------------|
|                                       | Medical | Drug | Combined   |
| Deductible (\$)                       |         |      | \$3,250.00 |
| Coinsurance (%; Insurer's Cost Share) |         |      | 100.00%    |
| MOOP (\$)                             |         |      | \$3,250.00 |
| MOOP if Separate (\$)                 |         |      | \$0.00     |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                          | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|---------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?<br>Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/> |
| Set a Maximum Number of Days for Charging an IP Copay?<br># Days (1-10):                    | <input type="checkbox"/> |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?<br># Visits (1-10):           | <input type="checkbox"/> |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?<br># Copays (1-10): | <input type="checkbox"/> |

Plan Description:

Name: [MVP VT Plus] Silver 2 HDHP CSR 77  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Actuarial Value: 75.52% 1.0170 76.81%  
 Metal Tier: AV Adj Final AV

Additional Notes:

Calculation Time: 0.1328 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

[MVP VT Plus] Silver 2 CSR 87

| HSA/HRA Options   | Tiered Network Option                         |
|---|---|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:                         |
|   | 2nd Tier Utilization:                         |

|                                       | Tier 1 Plan Benefit Design |      |            |
|---------------------------------------|----------------------------|------|------------|
|                                       | Medical                    | Drug | Combined   |
| Deductible (\$)                       |                            |      | \$1,400.00 |
| Coinsurance (%; Insurer's Cost Share) |                            |      | 100.00%    |
| MOOP (\$)                             |                            |      | \$1,400.00 |
| MOOP if Separate (\$)                 |                            |      | \$0.00     |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |
|--|
| Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>                     |
| Specialty Rx Coinsurance Maximum:  |
| Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>                  |
| # Days (1-10):   |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>           |
| # Visits (1-10):   |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/> |
| # Copays (1-10):   |

Plan Description:

Name: [MVP VT Plus] Silver 2 CSR 87  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value:

86.57% 1.003 86.83%

Metal Tier:

Gold AV Adj Final AV

Additional Notes:

Calculation Time:

0.1016 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Platinum

[MVP VT Plus] Silver 2 CSR 94

| HSA/HRA Options   | Tiered Network Option                         |
|---|---|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:                         |
|   | 2nd Tier Utilization:                         |

|                                       | Tier 1 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      | \$600.00 |
| Coinsurance (%; Insurer's Cost Share) |                            |      | 100.00%  |
| MOOP (\$)                             |                            |      | \$600.00 |
| MOOP if Separate (\$)                 |                            |      | \$0.00   |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                          | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|---------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |
|--|
| Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>                     |
| Specialty Rx Coinsurance Maximum:  |
| Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>                  |
| # Days (1-10):   |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>           |
| # Visits (1-10):   |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/> |
| # Copays (1-10):   |

Plan Description:

Name: [MVP VT Plus] Silver 2 CSR 94  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

93.57%      1.0000      93.57%

Metal Tier:

Platinum      AV Adj      Final AV

Additional Notes:

Calculation Time:

0.0977 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

[MVP VT Plus] Bronze 1

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

Desired Metal Tier Bronze

|                                       | Tier 1 Plan Benefit Design |          |          |
|---------------------------------------|----------------------------|----------|----------|
|                                       | Medical                    | Drug     | Combined |
| Deductible (\$)                       | \$7,250.00                 | \$700.00 |          |
| Coinsurance (%; Insurer's Cost Share) | 50.00%                     | 40.00%   |          |
| MOOP (\$)                             | \$8,000.00                 |          |          |
| MOOP if Separate (\$)                 |                            |          |          |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$19.50            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?<br>Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/> |
| Set a Maximum Number of Days for Charging an IP Copay?<br># Days (1-10):                    | <input type="checkbox"/> |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?<br># Visits (1-10):           | <input type="checkbox"/> |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?<br># Copays (1-10): | <input type="checkbox"/> |

Plan Description:

**Name:** [MVP VT Plus] Bronze 1  
**Plan HIOS ID:** [Input Plan HIOS ID]  
**Issuer HIOS ID:** [Input Issuer HIOS ID]

Generic \$25.00  
 VBID \$3.00

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

61.10%

Bronze

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.2578 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

[MVP VT Plus] Bronze 5

| HSA/HRA Options   | Tiered Network Option                          |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/>  |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization: |

Desired Metal Tier Bronze

| Tier 1 Plan Benefit Design            |      |            |
|---------------------------------------|------|------------|
| Medical                               | Drug | Combined   |
| Deductible (\$)                       |      | \$7,600.00 |
| Coinsurance (%; Insurer's Cost Share) |      | 100.00%    |
| MOOP (\$)                             |      | \$7,600.00 |
| MOOP if Separate (\$)                 |      |            |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

[Click Here for Important Instructions](#)

| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$23.00            | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                                       |
|---|---------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?<br>Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/>              |
| Set a Maximum Number of Days for Charging an IP Copay?<br># Days (1-10):                    | <input type="checkbox"/>              |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?<br># Visits (1-10):           | <input type="checkbox"/>              |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?<br># Copays (1-10): | <input checked="" type="checkbox"/> 3 |

Plan Description:

Name: [MVP VT Plus] Bronze 5  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$30  
 VBID \$3

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.  
 Actuarial Value: 63.83%  
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1953 seconds

MVP Health Care Derivation of 2020 VT Exchange Rate Increases by Contract and Benefit Plan for Members as of Febuary 2019

|                                     | NON-STANDARD PLANS |            |                      |                     |                  |                 |            |            | STANDARD PLANS |                      |                     |                  |                 |            |              |            | Catastrophic | Total Annual Premium | Average PMPM  | Average Annual Premium |            |
|-------------------------------------|--------------------|------------|----------------------|---------------------|------------------|-----------------|------------|------------|----------------|----------------------|---------------------|------------------|-----------------|------------|--------------|------------|--------------|----------------------|---------------|------------------------|------------|
|                                     | GOLD               |            | SILVER               |                     |                  | BRONZE          |            |            | PLATINUM       | GOLD                 | SILVER              |                  |                 | BRONZE     |              |            |              |                      |               |                        |            |
|                                     | HDHP               | Non-HDHP   | On Exchange Non-HDHP | Reflective Non-HDHP | On Exchange HDHP | Reflective HDHP | Non-HDHP   | No RX OOP  |                | On Exchange Non-HDHP | Reflective Non-HDHP | On Exchange HDHP | Reflective HDHP | HDHP       | Non-HDHP     | No RX OOP  |              |                      |               |                        |            |
| <b>2020 Proposed Rates</b>          |                    |            |                      |                     |                  |                 |            |            |                |                      |                     |                  |                 |            |              |            |              |                      |               |                        |            |
| Single Rate                         | \$651.82           | \$695.91   | \$644.91             | \$554.40            | \$671.94         | \$579.29        | \$475.96   | \$501.07   | \$784.52       | \$663.63             | \$675.22            | \$584.71         | \$661.70        | \$571.19   | \$490.01     | \$476.22   | \$542.75     | \$336.24             |               |                        |            |
| Couple Rate                         | \$1,303.64         | \$1,391.82 | \$1,289.82           | \$1,108.80          | \$1,343.88       | \$1,158.58      | \$951.92   | \$1,002.14 | \$1,569.04     | \$1,327.26           | \$1,350.44          | \$1,169.42       | \$1,323.40      | \$1,142.38 | \$980.02     | \$952.44   | \$1,085.50   | \$672.48             |               |                        |            |
| Adult and Child(ren) Rate           | \$1,258.01         | \$1,343.11 | \$1,244.68           | \$1,069.99          | \$1,296.84       | \$1,118.03      | \$918.60   | \$967.07   | \$1,514.12     | \$1,280.81           | \$1,303.17          | \$1,128.49       | \$1,277.08      | \$1,102.40 | \$945.72     | \$919.10   | \$1,047.51   | \$648.94             |               |                        |            |
| Family Rate                         | \$1,831.61         | \$1,955.51 | \$1,812.20           | \$1,557.86          | \$1,888.15       | \$1,627.80      | \$1,337.45 | \$1,408.01 | \$2,204.50     | \$1,864.80           | \$1,897.37          | \$1,643.04       | \$1,859.38      | \$1,605.04 | \$1,376.93   | \$1,338.18 | \$1,525.13   | \$944.83             | \$207,693.975 | \$560.36               | \$6,724.32 |
| <b>2019 Approved Rates</b>          |                    |            |                      |                     |                  |                 |            |            |                |                      |                     |                  |                 |            |              |            |              |                      |               |                        |            |
| Single Rate                         | \$583.79           | \$623.64   | \$597.79             | \$493.35            | \$623.72         | \$519.29        | \$428.16   | \$441.18   | \$716.54       | \$608.39             | \$638.82            | \$534.39         | \$621.74        | \$517.31   | \$436.34     | \$426.12   | \$485.37     | \$299.31             |               |                        |            |
| Couple Rate                         | \$1,167.58         | \$1,247.28 | \$1,195.58           | \$986.70            | \$1,247.44       | \$1,038.58      | \$856.32   | \$882.36   | \$1,433.08     | \$1,216.78           | \$1,277.64          | \$1,068.78       | \$1,243.48      | \$1,034.62 | \$872.68     | \$852.24   | \$970.74     | \$596.62             |               |                        |            |
| Adult and Child(ren) Rate           | \$1,126.71         | \$1,203.63 | \$1,153.73           | \$952.17            | \$1,203.78       | \$1,002.23      | \$826.35   | \$851.48   | \$1,382.92     | \$1,174.19           | \$1,232.92          | \$1,031.37       | \$1,199.96      | \$998.41   | \$842.14     | \$822.41   | \$936.76     | \$577.67             |               |                        |            |
| Family Rate                         | \$1,640.45         | \$1,752.43 | \$1,679.79           | \$1,386.31          | \$1,752.65       | \$1,459.20      | \$1,203.13 | \$1,239.72 | \$2,013.48     | \$1,709.58           | \$1,795.08          | \$1,501.64       | \$1,747.09      | \$1,453.64 | \$1,226.12   | \$1,197.40 | \$1,363.89   | \$841.06             | \$188,668.999 | \$509.03               | \$6,108.36 |
| <b>2020 Proposed Rate Increases</b> |                    |            |                      |                     |                  |                 |            |            |                |                      |                     |                  |                 |            |              |            |              |                      |               |                        |            |
| Single Rate                         | 11.7%              | 11.6%      | 7.9%                 | 12.4%               | 7.7%             | 11.6%           | 11.2%      | 13.6%      | 9.5%           | 9.1%                 | 5.7%                | 9.4%             | 6.4%            | 10.4%      | 12.3%        | 11.8%      | 11.8%        | 12.3%                |               |                        |            |
| Couple Rate                         | 11.7%              | 11.6%      | 7.9%                 | 12.4%               | 7.7%             | 11.6%           | 11.2%      | 13.6%      | 9.5%           | 9.1%                 | 5.7%                | 9.4%             | 6.4%            | 10.4%      | 12.3%        | 11.8%      | 11.8%        | 12.3%                |               |                        |            |
| Adult and Child(ren) Rate           | 11.7%              | 11.6%      | 7.9%                 | 12.4%               | 7.7%             | 11.6%           | 11.2%      | 13.6%      | 9.5%           | 9.1%                 | 5.7%                | 9.4%             | 6.4%            | 10.4%      | 12.3%        | 11.8%      | 11.8%        | 12.3%                |               |                        |            |
| Family Rate                         | 11.7%              | 11.6%      | 7.9%                 | 12.4%               | 7.7%             | 11.6%           | 11.2%      | 13.6%      | 9.5%           | 9.1%                 | 5.7%                | 9.4%             | 6.4%            | 10.4%      | 12.3%        | 11.8%      | 11.8%        | 12.3%                |               |                        |            |
| <b>February 2019 Contracts</b>      |                    |            |                      |                     |                  |                 |            |            |                |                      |                     |                  |                 |            |              |            |              |                      |               |                        |            |
| Single Rate                         | 1,955              | 167        | 3,066                | 521                 | 31               | 141             | 402        | 483        | 852            | 1,498                | 342                 | 536              | 289             | 471        | 1,343        | 1,453      | 174          | 10                   |               |                        |            |
| Couple Rate                         | 593                | 38         | 757                  | 103                 | 19               | 43              | 86         | 94         | 331            | 476                  | 86                  | 110              | 69              | 103        | 291          | 319        | 27           | 2                    |               |                        |            |
| Adult and Child(ren) Rate           | 126                | 10         | 99                   | 25                  | 3                | 7               | 8          | 22         | 81             | 97                   | 13                  | 25               | 16              | 26         | 70           | 49         | 4            | 0                    |               |                        |            |
| Family Rate                         | 629                | 29         | 121                  | 84                  | 1                | 78              | 44         | 42         | 223            | 253                  | 26                  | 99               | 25              | 94         | 271          | 158        | 17           | 0                    |               |                        |            |
| <b>Total</b>                        | <b>3,303</b>       | <b>244</b> | <b>4,043</b>         | <b>733</b>          | <b>54</b>        | <b>269</b>      | <b>540</b> | <b>641</b> | <b>1,487</b>   | <b>2,324</b>         | <b>467</b>          | <b>770</b>       | <b>399</b>      | <b>694</b> | <b>1,975</b> | <b>222</b> | <b>12</b>    |                      |               |                        |            |
| <b>2020 Proposed PMPY Revenue</b>   | \$6,841.34         | \$7,676.37 | \$7,583.25           | \$6,044.84          | \$7,821.38       | \$5,810.04      | \$5,373.05 | \$5,707.26 | \$8,384.69     | \$7,263.18           | \$7,689.97          | \$6,376.97       | \$7,293.16      | \$6,002.46 | \$5,278.85   | \$5,399.54 | \$6,216.74   | \$4,034.88           |               |                        |            |
| <b>2019 Approved PMPY Revenue</b>   | \$6,127.32         | \$6,879.19 | \$7,029.18           | \$5,379.19          | \$7,260.10       | \$5,208.26      | \$4,833.44 | \$5,025.10 | \$7,658.15     | \$6,658.60           | \$7,275.41          | \$5,828.17       | \$6,852.72      | \$5,436.25 | \$4,700.67   | \$4,831.49 | \$5,559.50   | \$3,591.72           |               |                        |            |

**10.08%** Total Revenue Change



**MVP Health Care -- 2020 Exchange Rate Filing**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2019 to 2020 Benefits
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R
- Exhibit 3 -- Index Rate Development
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- Calculation of CSR Defunding Load
- Exhibit 7 -- 2020 Premium Rates

**Exhibit 1 -- Summary of Medical Coplans Offered**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| Form ID                   | Product Type | Metal Level  | Standard/Non-Standard | On/Off Exchange | In-Network Benefits |             |               |       |              |             |                |                |                 |        | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | Pharmacy |              |             |  |
|---------------------------|--------------|--------------|-----------------------|-----------------|---------------------|-------------|---------------|-------|--------------|-------------|----------------|----------------|-----------------|--------|--------------------|--------------------|-------------------|-------------------|----------|--------------|-------------|--|
|                           |              |              |                       |                 | PCP                 | SCP         | IP (Med/Surg) | ER    | OP Surg      | Amb         | Med Ded Single | Med Ded Family | Deductible Type | Coins. |                    |                    |                   |                   |          | Med OOP Type | Rx OOP Type |  |
| FRVT-HMO-G-001-S (2020)   | HyHMO        | Platinum     | Standard              | On Exchange     | \$15 No DD          | \$40 No DD  | 10%           | \$100 | 10%          | \$60 No DD  | \$350          | \$700          | Embedded        | 10%    | Embedded           | Embedded           | \$1,350           | \$2,700           | \$1,350  | \$2,700      | Separate    | \$10/\$50/\$500  |
| FRVT-HMO-G-001-S (2020)   | HyHMO        | Gold         | Standard              | On Exchange     | \$20 No DD          | \$50 No DD  | 30%           | \$150 | 30%          | \$70 No DD  | \$900          | \$1,800        | Embedded        | 30%    | Embedded           | Embedded           | \$5,000           | \$10,000          | \$1,350  | \$2,700      | Separate    | \$10/\$50/\$500 \$100/\$200 Brand Ded                                |
| FRVT-HMO-G-002-N (2020)   | HyHMO        | Gold         | Non-Standard          | On Exchange     | \$20 No DD          | \$40 No DD  | 20%           | \$250 | 20%          | \$50        | \$700          | \$1,400        | Embedded        | 20%    | Embedded           | Embedded           | \$6,325           | \$12,750          | \$1,350  | \$2,700      | Separate    | \$10 / \$40 / 50%, \$200 / \$400 Brand Ded, VBID = \$1 #             |
| FRVT-HMOH-G-003-N (2020)  | HDHMO        | Gold         | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%    | 0%           | 0%          | \$2,700        | \$5,400        | Aggregate       | 0%     | Aggregate          | Aggregate          | \$2,700           | \$5,400           | \$1,400  | \$2,800      | Integrated  | 0% / 0% / 0%, Subject to Med Deductible                              |
| FRVT-HMO-S-003-S (2020)   | HyHMO        | Silver       | Standard              | On Exchange     | \$35 No DD          | \$80 No DD  | 40%           | \$250 | 50%          | \$100 No DD | \$3,200        | \$6,400        | Embedded        | 40%    | Embedded           | Embedded           | \$7,900           | \$15,800          | \$1,350  | \$2,700      | Integrated  | \$15 / \$60 / 50%, \$350/\$700 Brand Ded                             |
| FRVT-HMOH-S-004-S (2020)  | HDHMO        | Silver       | Standard              | On Exchange     | 10%                 | 30%         | 30%           | 30%   | 30%          | 30%         | \$1,700        | \$3,400        | Aggregate       | 30%    | Stacked            | Aggregate          | \$6,750           | \$13,500          | \$1,400  | \$2,800      | Integrated  | \$10/\$40/\$500  |
| FRVT-HMOH-S-002-N (2020)  | HDHMO        | Silver       | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%    | 0%           | 0%          | \$4,750        | \$9,500        | Aggregate       | 0%     | Embedded           | Aggregate          | \$4,750           | \$9,500           | \$1,400  | \$2,800      | Integrated  | 0%/0%/0%   |
| FRVT-HMO-S-001-N (2020)   | HyHMO        | Silver       | Non-Standard          | On Exchange     | \$30**              | \$60        | 50%           | \$400 | \$300 (Phys) | \$100       | \$1,500        | \$3,000        | Embedded        | 50%    | Embedded           | Embedded           | \$6,500           | \$13,000          | \$1,350  | \$2,700      | Separate    | \$500/\$1000 Ded then \$550%/50%, VBID = \$1 #                       |
| VT-HMO-S-003-S II (2020)  | HyHMO        | Silver       | Standard              | Off Exchange    | \$35 No DD          | \$80 No DD  | 50%           | \$250 | 50%          | \$105 No DD | \$3,200        | \$6,400        | Embedded        | 50%    | Embedded           | Embedded           | \$7,900           | \$15,800          | \$1,350  | \$2,700      | Integrated  | \$15 / \$60 / 50%, \$350/\$700 Brand Ded                             |
| VT-HMOH-S-004-S II (2020) | HDHMO        | Silver       | Standard              | Off Exchange    | 10%                 | 30%         | 30%           | 30%   | 30%          | 35%         | \$1,700        | \$3,400        | Aggregate       | 30%    | Stacked            | Aggregate          | \$6,750           | \$13,500**        | \$1,350  | \$2,700      | Integrated  | \$10 / \$40 / 50%, Subject to Med Deductible                         |
| VT-HMOH-S-002-N II (2020) | HDHMO        | Silver       | Non-Standard          | Off Exchange    | 0%                  | 0%          | 0%            | 0%    | 0%           | 0%          | \$4,775        | \$9,550        | Embedded        | 0%     | Embedded           | Aggregate          | \$4,775           | \$9,550           | \$1,350  | \$2,700      | Integrated  | 0% / 0% / 0%, Subject to Med Deductible                              |
| VT-HMO-S-001-N II (2020)  | HyHMO        | Silver       | Non-Standard          | Off Exchange    | \$30**              | \$60        | 50%           | \$400 | \$300 (Phys) | \$105       | \$1,500        | \$3,000        | Embedded        | 50%    | Embedded           | Embedded           | \$6,500           | \$13,000          | \$1,350  | \$2,700      | Separate    | \$500 Ded then \$550%/50%, VBID = \$1 #                              |
| FRVT-HMO-B-002-S (2020)   | HMO          | Bronze       | Standard              | On Exchange     | \$35                | \$90        | 50%           | 50%   | 50%          | \$100       | \$6,000        | \$12,000       | Embedded        | 50%    | Embedded           | Embedded           | \$8,150           | \$16,300          | \$1,350  | \$2,700      | Integrated  | \$1000/\$1200 Ded then \$20/\$85/60%                                 |
| FRVT-HMOH-B-003-S (2020)  | HDHMO        | Bronze       | Standard              | On Exchange     | 50%                 | 50%         | 50%           | 50%   | 50%          | \$50        | \$5,500        | \$11,000       | Aggregate       | 50%    | Stacked            | Aggregate          | \$6,750           | \$13,500          | \$1,400  | \$2,800      | Integrated  | \$1240%/60%  |
| FRVT-HMO-B-004-S (2020)   | HMO          | Bronze       | Standard              | On Exchange     | \$40 No DD          | \$100 No DD | 0%            | 0%    | 0%           | 0%          | \$7,900        | \$15,800       | Embedded        | 0%     | Embedded           | Embedded           | \$7,900           | \$15,800          | N/A      | N/A          | N/A         | \$25 No DD 0%/0%   |
| FRVT-HMO-B-005-N (2020)   | HMO          | Bronze       | Non-Standard          | On Exchange     | 0%**                | 0%          | 0%            | 0%    | 0%           | 0%          | \$7,600        | \$15,200       | Embedded        | 0%     | Embedded           | Embedded           | \$7,600           | \$15,200          | N/A      | N/A          | N/A         | \$30 / \$0 / 50, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 # |
| FRVT-HMO-B-001-N (2020)   | HMO          | Bronze       | Non-Standard          | On Exchange     | \$40                | \$100       | 50%           | 50%   | 50%          | \$100       | \$7,250        | \$14,500       | Embedded        | 50%    | Embedded           | Embedded           | \$8,000           | \$16,000          | N/A      | N/A          | N/A         | \$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #                       |
| FRVT-HMO-C-001-N (2020)   | HMO          | Catastrophic | Standard              | On Exchange     | \$0**               | 0%          | 0%            | 0%    | 0%           | 0%          | \$8,150        | \$16,300       | Embedded        | 0%     | Embedded           | Embedded           | \$8,150           | \$16,300          | \$1,350  | \$2,700      | Integrated  | \$0 / \$0 / \$0 Subject to Med Deductible                            |

| Subsidized Cost-Sharing Benefits (Non AI/AN) |              |             |                       |                 | In-Network Benefits |            |               |       |              |              |                |                |                 |          | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | Pharmacy |              |             |  |   |
|--|--------------|-------------|-----------------------|-----------------|---------------------|------------|---------------|-------|--------------|--------------|----------------|----------------|-----------------|----------|--------------------|--------------------|-------------------|-------------------|----------|--------------|-------------|--|---|
| Coplan                                       | Product Type | Metal Level | Standard/Non-Standard | On/Off Exchange | PCP                 | SCP        | IP (Med/Surg) | ER    | OP Surg      | Amb          | Med Ded Single | Med Ded Family | Deductible Type | Coins.   |                    |                    |                   |                   |          | Med OOP Type | Rx OOP Type |  |   |
| FRVT-HMO-S3-001-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$35 No DD          | \$70 No DD | 50%           | \$250 | 50%          | \$100 No DD  | \$3,100        | \$6,200        | Embedded        | 50%      | Embedded           | Embedded           | \$6,500           | \$13,000          | \$1,200  | \$2,400      | Integrated  | \$12 / \$60 / 50%, \$350 / \$700 Brand Ded       |   |
| FRVT-HMO-S3-002-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$10 No DD          | \$30 No DD | 40%           | \$250 | 40%          | \$100 No DD  | \$900          | \$1,800        | Embedded        | 40%      | Embedded           | Embedded           | \$1,900           | \$3,800           | \$400    | \$800        | Integrated  | \$10 / \$50 / 50%, \$150 / \$300 Brand Ded       |   |
| FRVT-HMO-S3-003-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$5 No DD           | \$15 No DD | 10%           | \$75  | 10%          | \$50 No DD   | \$200          | \$400          | Embedded        | 10%      | Embedded           | Embedded           | \$900             | \$1,800           | \$200    | \$400        | Integrated  | \$5 / \$20 / 30%                                 |   |
| FRVT-HMO-S3-004-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$25 No DD          | \$45 No DD | 50%           | \$250 | 50%          | \$100 No DD  | \$2,300        | \$4,600        | Embedded        | 50%      | Embedded           | Embedded           | \$5,000           | \$10,000          | \$1,000  | \$2,000      | Integrated  | \$12 / \$60 / 50%, \$250 / \$500 Brand Ded       |   |
| FRVT-HMOH-S4-001-S (2020)                    | HDHMO        | Silver      | Standard              | On Exchange     | Ded then 10%        | 25%        | 25%           | 25%   | 25%          | 25%          | \$1,700        | \$3,400        | Aggregate       | 25%      | Stacked            | Aggregate          | \$5,000           | \$10,000          | \$1,400  | \$2,800      | Integrated  | \$10 / \$40 / 50%, Subject to Med Deductible     |   |
| FRVT-HMOH-S4-002-S (2020)                    | HMO          | Silver      | Standard              | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%           | 0%           | \$1,250        | \$2,500        | Aggregate       | 0%       | Aggregate          | Aggregate          | \$1,250           | \$2,500           | N/A      | N/A          | N/A         | \$0 / \$0 / 0%, Subject to Med Deductible        |   |
| FRVT-HMOH-S4-003-S (2020)                    | HMO          | Silver      | Standard              | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%           | 0%           | \$550          | \$1,100        | Aggregate       | 0%       | Aggregate          | Aggregate          | \$550             | \$1,100           | N/A      | N/A          | N/A         | \$0 / \$0 / 0%, Subject to Med Deductible        |   |
| FRVT-HMOH-S4-004-S (2020)                    | HDHMO        | Silver      | Standard              | On Exchange     | Ded then 10%        | 25%        | 25%           | 25%   | 25%          | 25%          | \$1,450        | \$2,900        | Aggregate       | 25%      | Aggregate          | Aggregate          | \$3,400           | \$6,800           | \$1,400  | \$2,800      | Integrated  | \$10 / \$40 / 50%, Subject to Med Deductible     |   |
| FRVT-HMOH-S2-001-N (2020)                    | HDHMO        | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%           | 0%           | \$4,400        | \$8,800        | Embedded        | 0%       | Embedded           | Aggregate          | \$4,400           | \$8,800           | \$1,400  | \$2,800      | Integrated  | 0% / 0% / 0%, Subject to Med Deductible          |   |
| FRVT-HMOH-S2-002-N (2020)                    | HMO          | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%           | 0%           | \$1,400        | \$2,800        | Embedded        | 0%       | Embedded           | Embedded           | \$1,400           | \$2,800           | N/A      | N/A          | N/A         | 0% / 0% / 0%, Subject to Med Deductible          |   |
| FRVT-HMOH-S2-003-N (2020)                    | HMO          | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%           | 0%           | \$600          | \$1,200        | Embedded        | 0%       | Embedded           | Embedded           | \$600             | \$1,200           | N/A      | N/A          | N/A         | 0% / 0% / 0%, Subject to Med Deductible          |   |
| FRVT-HMOH-S2-004-N (2020)                    | HMO          | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%           | 0%           | \$3,250        | \$6,500        | Embedded        | 0%       | Embedded           | Aggregate          | \$3,250           | \$6,500           | \$1,400  | \$2,800      | Integrated  | 0% / 0% / 0%, Subject to Med Deductible          |   |
| FRVT-HMO-S1-001-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$30**              | \$60       | 50%           | \$350 | \$1400 (Fac) | \$300 (Phys) | \$100          | \$1,300        | \$2,600         | Embedded | 50%                | Embedded           | Embedded          | \$5,400           | \$10,800 | \$1,350      | \$2,700     | Separate   | \$450 Ded then \$550%/50%, VBID = \$1 # |
| FRVT-HMO-S1-002-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$5 No DD           | \$30       | 10%           | \$50  | \$40 (Phys)  | \$40 (Fac)   | \$50           | \$0            | \$0             | Embedded | 10%                | Embedded           | Embedded          | \$2,450           | \$4,900  | \$600        | \$1,200     | Separate   | \$5 / 20% / 40%, VBID = \$1 #           |
| FRVT-HMO-S1-003-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$5 No DD           | \$10       | 5%            | \$25  | \$20 (Phys)  | \$20 (Fac)   | \$25           | \$0            | \$0             | Embedded | 5%                 | Embedded           | Embedded          | \$1,450           | \$2,900  | \$350        | \$700       | Separate   | \$5 / 5% / 5%, VBID = \$1 #             |
| FRVT-HMO-S1-004-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$10**              | \$40       | 30%           | \$100 | \$200 (Phys) | \$100        | \$500          | \$1,000        | Embedded        | 30%      | Embedded           | Embedded           | \$5,400           | \$10,800          | \$1,350  | \$2,700      | Separate    | \$5 / 40% / 40%, \$200 / \$400 Ded, VBID = \$1 # |   |

| American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized)* |              |             |                       |                 | In-Network Benefits |             |               |             |              |             |                |                |                 |        | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | Pharmacy |              |             |  |
|---|--------------|-------------|-----------------------|-----------------|---------------------|-------------|---------------|-------------|--------------|-------------|----------------|----------------|-----------------|--------|--------------------|--------------------|-------------------|-------------------|----------|--------------|-------------|--|
| Form ID   | Product Type | Metal Level | Standard/Non-Standard | On/Off Exchange | PCP                 | SCP         | IP (Med/Surg) | ER          | OP Surg      | Amb         | Med Ded Single | Med Ded Family | Deductible Type | Coins. |                    |                    |                   |                   |          | Med OOP Type | Rx OOP Type |  |
| FRVT-HMO-PA2-001-S (2020)   | HyHMO        | Platinum    | Standard              | On Exchange     | \$15 No DD          | \$40 No DD  | 10%           | \$100       | 10%          | \$60 No DD  | \$350          | \$700          | Embedded        | 10%    | Embedded           | Embedded           | \$1,350           | \$2,700           | \$1,350  | \$2,700      | Separate    | \$10/\$50/\$500  |
| FRVT-HMO-GA2-001-S (2020)   | HyHMO        | Gold        | Standard              | On Exchange     | \$20 No DD          | \$50 No DD  | 30%           | \$150       | 30%          | \$70 No DD  | \$900          | \$1,800        | Embedded        | 30%    | Embedded           | Embedded           | \$5,000           | \$10,000          | \$1,350  | \$2,700      | Separate    | \$10/\$50/\$500 \$100/\$200 Brand Ded                                |
| FRVT-HMO-GA2-002-N (2020)   | HyHMO        | Gold        | Non-Standard          | On Exchange     | \$30 No DD          | \$50 No DD  | \$750 No DD   | \$250 No DD | (Phys)       | \$50        | \$0            | \$0            | Embedded        | 20%    | Embedded           | Embedded           | \$6,050           | \$12,100          | \$1,350  | \$2,700      | Separate    | \$10/\$40/50% No DD, VBID = \$1 #                                    |
| FRVT-HMOH-GA2-003-N (2020)  | HDHMO        | Gold        | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%          | 0%           | 0%          | \$2,700        | \$5,400        | Aggregate       | 0%     | Aggregate          | Aggregate          | \$2,700           | \$5,400           | \$1,350  | \$2,700      | Integrated  | 0% / 0% / 0%, Subject to Med Deductible                              |
| FRVT-HMO-SA2-003-S (2020)   | HyHMO        | Silver      | Standard              | On Exchange     | \$35 No DD          | \$80 No DD  | 40%           | \$250       | 50%          | \$100 No DD | \$3,200        | \$6,400        | Embedded        | 40%    | Embedded           | Embedded           | \$7,900           | \$15,800          | \$1,350  | \$2,700      | Integrated  | \$15 / \$60 / 50%, \$350/\$700 Brand Ded                             |
| FRVT-HMOH-SA2-004-S (2020)  | HDHMO        | Silver      | Standard              | On Exchange     | 10%                 | 30%         | 30%           | 30%         | 30%          | 30%         | \$1,700        | \$3,400        | Aggregate       | 30%    | Stacked            | Aggregate          | \$6,750           | \$13,500          | \$1,350  | \$2,700      | Integrated  | \$10/\$40/\$500  |
| FRVT-HMOH-SA2-002-N (2020)  | HDHMO        | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%          | 0%           | 0%          | \$4,750        | \$9,500        | Aggregate       | 0%     | Embedded           | Aggregate          | \$4,750           | \$9,500           | \$1,350  | \$2,700      | Integrated  | 0%/0%/0%   |
| FRVT-HMO-SA2-001-N (2020)   | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$30**              | \$60        | 50%           | \$400       | \$300 (Phys) | \$100       | \$1,500        | \$3,000        | Embedded        | 50%    | Embedded           | Embedded           | \$6,500           | \$13,000          | \$1,350  | \$2,700      | Separate    | \$500/\$1000 Ded then \$550%/50%, VBID = \$1 #                       |
| FRVT-HMO-BA2-002-S (2020)   | HyHMO        | Bronze      | Standard              | On Exchange     | \$35                | \$90        | 50%           | 50%         | 50%          | \$100       | \$6,000        | \$12,000       | Embedded        | 50%    | Embedded           | Embedded           | \$8,200           | \$16,400          | \$1,350  | \$2,700      | Integrated  | \$1000/\$1200 Ded then \$20/\$85/60%                                 |
| FRVT-HMOH-BA2-003-S (2020)  | HDHMO        | Bronze      | Standard              | On Exchange     | 50%                 | 50%         | 50%           | 50%         | 50%          | \$50        | \$5,500        | \$11,000       | Aggregate       | 50%    | Stacked            | Aggregate          | \$6,750           | \$13,500          | \$1,350  | \$2,700      | Integrated  | \$1240%/60%  |
| FRVT-HMO-BA2-004-S (2020)   | HyHMO        | Bronze      | Standard              | On Exchange     | \$40 No DD          | \$100 No DD | 0%            | 0%          | 0%           | 0%          | \$7,900        | \$15,800       | Embedded        | 0%     | Embedded           | Embedded           | \$7,900           | \$15,800          | N/A      | N/A          | N/A         | \$25 No DD 0%/0%   |
| FRVT-HMO-BA2-005-N (2020)   | HyHMO        | Bronze      | Non-Standard          | On Exchange     | 0%**                | 0%          | 0%            | 0%          | 0%           | 0%          | \$7,600        | \$15,200       | Embedded        | 0%     | Embedded           | Embedded           | \$7,600           | \$15,200          | N/A      | N/A          | N/A         | \$30 / \$0 / 50, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 # |
| FRVT-HMO-BA2-001-N (2020)   | HyHMO        | Bronze      | Non-Standard          | On Exchange     | \$40                | \$100       | 50%           | 50%         | 50%          | \$100       | \$7,250        | \$14,500       | Embedded        | 50%    | Embedded           | Embedded           | \$8,000           | \$16,000          | N/A      | N/A          | N/A         | \$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #                       |

| American Indian and Alaskan Native (AI/AN) Benefits (Subsidized) |              |             |                       |                 | In-Network Benefits |     |               |    |         |     |                |         |  |  | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | Pharmacy |
|--|--------------|-------------|-----------------------|-----------------|---------------------|-----|---------------|----|---------|-----|----------------|---------|--|--|--------------------|--------------------|-------------------|-------------------|----------|
| Coplan   | Product Type | Metal Level | Standard/Non-Standard | On/Off Exchange | PCP                 | SCP | IP (Med/Surg) | ER | OP Surg | Amb | Med Ded Single | Med Ded |  |  |                    |                    |                   |                   |          |

**Exhibit 1a -- Comparison of 2019 to 2020 Benefits by Plan**  
 MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
 For Effective Dates Beginning January 1, 2020 - December 31, 2020

| Form ID                  | Product Type | Metal Level  | Standard/Non-Standard | In-Network Benefits |             |               |       |               |             |                |                |                 |          |              |             |                    | Pharmacy  |                    |                   |  |   |
|--------------------------|--------------|--------------|-----------------------|---------------------|-------------|---------------|-------|---------------|-------------|----------------|----------------|-----------------|----------|--------------|-------------|--------------------|-----------|--------------------|-------------------|--|---|
|                          |              |              |                       | PCP                 | SCP         | IP (Med/Surg) | ER    | OP Surg       | Amb         | Med Ded Single | Med Ded Family | Deductible Type | Coins.   | Med OOP Type | Rx OOP Type | Med OOP Max Single |           | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family                                    | OOP Max Type  |
| FRVT-HMO-P-001-S (2019)  | HYHMO        | Platinum     | Standard              | \$10 No DD          | \$30 No DD  | 10%           | \$100 | 10%           | \$50 No DD  | \$350          | \$700          | Embedded        | 10%      | Embedded     | Embedded    | \$1,350            | \$2,700   | \$1,350            | \$2,700           | Separate   | \$5 / \$50 / 50%  |
| FRVT-HMO-P-001-S (2020)  | HYHMO        | Platinum     | Standard              | \$15 No DD          | \$40 No DD  | 10%           | \$100 | 10%           | \$60 No DD  | \$350          | \$700          | Embedded        | 10%      | Embedded     | Embedded    | \$1,350            | \$2,700   | \$1,350            | \$2,700           | Separate   | \$10/\$50/50%   |
| FRVT-HMO-S-001-S (2019)  | HYHMO        | Gold         | Standard              | \$15 No DD          | \$30 No DD  | 30%           | \$150 | 30%           | \$50 No DD  | \$850          | \$1,700        | Embedded        | 30%      | Embedded     | Embedded    | \$4,700            | \$9,400   | \$1,350            | \$2,700           | Separate   | \$10 / \$50 / 50%, \$100 / \$200 Brand Ded                            |
| FRVT-HMO-S-001-S (2020)  | HYHMO        | Gold         | Standard              | \$20 No DD          | \$50 No DD  | 30%           | \$150 | 30%           | \$70 No DD  | \$900          | \$1,800        | Embedded        | 30%      | Embedded     | Embedded    | \$5,000            | \$10,000  | \$1,350            | \$2,700           | Separate   | \$10/\$50/50% / \$100/\$200 Brand Ded                                 |
| FRVT-HMO-G-002-N (2019)  | HYHMO        | Gold         | Non-Standard          | \$15 No DD          | \$40 No DD  | 20%           | \$250 | 20%           | \$50        | \$850          | \$1,700        | Embedded        | 20%      | Embedded     | Embedded    | \$6,050            | \$12,100  | \$1,350            | \$2,700           | Separate   | \$5 / \$40 / 50%, \$225 / \$450 Brand Ded, VBID = \$1 #               |
| FRVT-HMO-G-002-N (2020)  | HYHMO        | Gold         | Non-Standard          | \$20 No DD          | \$40 No DD  | 20%           | \$250 | 20%           | \$50        | \$700          | \$1,400        | Embedded        | 20%      | Embedded     | Embedded    | \$6,325            | \$12,750  | \$1,350            | \$2,700           | Separate   | \$10 / \$40 / 50%, \$200 / \$400 Brand Ded, VBID = \$1 #              |
| FRVT-HMOH-G-003-N (2019) | HDHMO        | Gold         | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%          | \$2,700        | \$5,400        | Aggregate       | 0%       | Aggregate    | Aggregate   | \$2,700            | \$5,400   | \$1,350            | \$2,700           | Integrated   | 0% / 0% / 0%, Subject to Med Deductible                               |
| FRVT-HMOH-G-003-N (2020) | HDHMO        | Gold         | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%          | \$2,700        | \$5,400        | Aggregate       | 0%       | Aggregate    | Aggregate   | \$2,700            | \$5,400   | \$1,400            | \$2,800           | Integrated   | 0% / 0% / 0%, Subject to Med Deductible                               |
| FRVT-HMO-S-003-S (2019)  | HYHMO        | Silver       | Standard              | \$30 No DD          | \$75 No DD  | 40%           | \$250 | 40%           | \$100 No DD | \$2,800        | \$5,600        | Embedded        | 40%      | Embedded     | Embedded    | \$7,500            | \$15,000  | \$1,350            | \$2,700           | Integrated   | \$15 / \$60 / 50%, \$300 / \$600 Brand Ded                            |
| FRVT-HMO-S-003-S (2020)  | HYHMO        | Silver       | Standard              | \$35 No DD          | \$80 No DD  | 40%           | \$250 | 50%           | \$100 No DD | \$3,200        | \$6,400        | Embedded        | 40%      | Embedded     | Embedded    | \$7,900            | \$15,800  | \$1,350            | \$2,700           | Integrated   | \$15 / \$60 / 50%, \$350 / \$700 Brand Ded                            |
| FRVT-HMOH-S-004-S (2019) | HDHMO        | Silver       | Standard              | 10%                 | 30%         | 30%           | 30%   | 30%           | 30%         | \$1,550        | \$3,100        | Aggregate       | 30%      | Stacked      | Aggregate   | \$6,650            | \$13,300* | \$1,350            | \$2,700           | Integrated   | \$10 / \$40 / 50% Subject to Med Deductible                           |
| FRVT-HMOH-S-004-S (2020) | HDHMO        | Silver       | Standard              | 10%                 | 30%         | 30%           | 30%   | 30%           | 30%         | \$1,700        | \$3,400        | Aggregate       | 30%      | Stacked      | Aggregate   | \$6,750            | \$13,500* | \$1,400            | \$2,800           | Integrated   | \$10/\$40/50%   |
| FRVT-HMOH-S-002-N (2019) | HDHMO        | Silver       | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%          | \$4,100        | \$8,200        | Embedded        | 0%       | Embedded     | Aggregate   | \$4,100            | \$8,200   | \$1,350            | \$2,700           | Integrated   | 0% / 0% / 0%, Subject to Med Deductible                               |
| FRVT-HMOH-S-002-N (2020) | HDHMO        | Silver       | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%          | \$4,750        | \$9,500        | Embedded        | 0%       | Embedded     | Aggregate   | \$4,750            | \$9,500   | \$1,400            | \$2,800           | Integrated   | 0% / 0% / 0%  |
| FRVT-HMO-S-001-N (2019)  | HYHMO        | Silver       | Non-Standard          | \$30**              | \$60        | 50%           | \$400 | \$1,400 (Fac) | \$100       | \$1,400        | \$2,800        | Embedded        | 50%      | Embedded     | Embedded    | \$6,050            | \$12,100  | \$1,350            | \$2,700           | Separate   | \$5 / 50% / 50%, \$400 / \$800 Ded, VBID = \$1 #                      |
| FRVT-HMO-S-001-N (2020)  | HYHMO        | Silver       | Non-Standard          | \$30**              | \$60        | 50%           | \$400 | \$1,400 (Fac) | \$100       | \$1,500        | \$3,000        | Embedded        | 50%      | Embedded     | Embedded    | \$6,500            | \$13,000  | \$1,350            | \$2,700           | Separate   | \$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #                       |
| FRVT-HMO-B-002-S (2019)  | HMO          | Bronze       | Standard              | \$35                | \$90        | 50%           | \$500 | \$100         | \$5,500     | \$11,000       | Embedded       | 50%             | Embedded | Embedded     | \$7,900     | \$15,800           | \$1,350   | \$2,700            | Integrated        | \$20 / \$85 / 60%, \$900 / \$1,800 Ded               |   |
| FRVT-HMO-B-002-S (2020)  | HMO          | Bronze       | Standard              | \$35                | \$90        | 50%           | \$500 | \$100         | \$6,000     | \$12,000       | Embedded       | 50%             | Embedded | Embedded     | \$8,150     | \$16,300           | \$1,350   | \$2,700            | Integrated        | \$1000/\$1200 Ded then \$20/\$85/60%                 |   |
| FRVT-HMOH-B-003-S (2019) | HDHMO        | Bronze       | Standard              | 50%                 | 50%         | 50%           | 50%   | 50%           | 50%         | \$5,250        | \$10,500       | Aggregate       | 50%      | Stacked      | Aggregate   | \$6,650            | \$13,300* | \$1,350            | \$2,700           | Integrated   | \$12 / 40% / 60%  |
| FRVT-HMOH-B-003-S (2020) | HDHMO        | Bronze       | Standard              | 50%                 | 50%         | 50%           | 50%   | 50%           | 50%         | \$5,500        | \$11,000       | Aggregate       | 50%      | Stacked      | Aggregate   | \$6,750            | \$13,500* | \$1,400            | \$2,800           | Integrated   | \$12/40%/60%  |
| FRVT-HMO-B-004-S (2019)  | HYHMO        | Bronze       | Standard              | \$40 No DD          | \$100 No DD | 0%            | 0%    | 0%            | 0%          | \$7,600        | \$15,200       | Embedded        | 0%       | Embedded     | Embedded    | \$7,600            | \$15,200  | N/A                | N/A               | N/A  | \$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible               |
| FRVT-HMO-B-004-S (2020)  | HMO          | Bronze       | Standard              | \$40 No DD          | \$100 No DD | 0%            | 0%    | 0%            | 0%          | \$7,900        | \$15,800       | Embedded        | 0%       | Embedded     | Embedded    | \$7,900            | \$15,800  | N/A                | N/A               | N/A  | \$25 No DD/0%/0%  |
| FRVT-HMO-B-005-N (2019)  | HYHMO        | Bronze       | Non-Standard          | 0%**                | 0%          | 0%            | 0%    | 0%            | 0%          | \$7,600        | \$15,200       | Embedded        | 0%       | Embedded     | Embedded    | \$7,600            | \$15,200  | N/A                | N/A               | N/A  | \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 # |
| FRVT-HMO-B-005-N (2020)  | HMO          | Bronze       | Non-Standard          | 0%**                | 0%          | 0%            | 0%    | 0%            | 0%          | \$7,600        | \$15,200       | Embedded        | 0%       | Embedded     | Embedded    | \$7,600            | \$15,200  | N/A                | N/A               | N/A  | \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 # |
| FRVT-HMO-B-001-N (2019)  | HYHMO        | Bronze       | Non-Standard          | \$40                | \$100       | 50%           | \$500 | \$100         | \$6,750     | \$13,500       | Embedded       | 50%             | Embedded | Embedded     | \$7,900     | \$15,800           | \$1,350   | \$2,700            | Integrated        | \$20 / \$90 / 60%, \$550 / \$1,100 Ded, VBID = \$3 # |   |
| FRVT-HMO-B-001-N (2020)  | HMO          | Bronze       | Non-Standard          | \$40                | \$100       | 50%           | \$500 | \$100         | \$7,250     | \$14,500       | Embedded       | 50%             | Embedded | Embedded     | \$8,000     | \$16,000           | N/A       | N/A                | N/A               | \$25/\$100/60% / \$700/\$1400 Ded, VBID = \$3 #      |   |
| FRVT-HMO-C-001-N (2019)  | HMO          | Catastrophic | Standard              | \$0*                | \$0         | 0%            | \$0   | 0%            | \$0         | \$7,900        | \$15,800       | Embedded        | 0%       | Embedded     | Embedded    | \$7,900            | \$15,800  | \$1,350            | \$2,700           | Integrated   | \$0 / \$0 / \$0 Subject to Med Deductible                             |
| FRVT-HMO-C-001-N (2020)  | HMO          | Catastrophic | Standard              | \$0**               | \$0         | 0%            | \$0   | 0%            | \$0         | \$8,150        | \$16,300       | Embedded        | 0%       | Embedded     | Embedded    | \$8,150            | \$16,300  | \$1,350            | \$2,700           | Integrated   | \$0 / \$0 / \$0 Subject to Med Deductible                             |

| Subsidized Cost-Sharing Benefits (Non All/AN) |              |             |                       | In-Network Benefits |            |               |       |         |             |                |                |                 |        |              |             |                    | Pharmacy  |                    |                   |                   |   |
|---|--------------|-------------|-----------------------|---------------------|------------|---------------|-------|---------|-------------|----------------|----------------|-----------------|--------|--------------|-------------|--------------------|-----------|--------------------|-------------------|-------------------|---|
| Coplan  | Product Type | Metal Level | Standard/Non-Standard | PCP                 | SCP        | IP (Med/Surg) | ER    | OP Surg | Amb         | Med Ded Single | Med Ded Family | Deductible Type | Coins. | Med OOP Type | Rx OOP Type | Med OOP Max Single |           | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type                                |
| FRVT-HMO-S3-001-S (2019)                      | HYHMO        | Silver      | Standard              | \$30 No DD          | \$65 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$2,700        | \$5,400        | Embedded        | 40%    | Embedded     | Embedded    | \$6,300            | \$12,600  | \$1,200            | \$2,400           | Integrated        | \$12 / \$60 / 50%, \$300 / \$600 Brand Ded  |
| FRVT-HMO-S3-001-S (2020)                      | HYHMO        | Silver      | Standard              | \$35 No DD          | \$70 No DD | 50%           | \$250 | 40%     | \$100 No DD | \$3,100        | \$6,200        | Embedded        | 50%    | Embedded     | Embedded    | \$6,500            | \$13,000  | \$1,200            | \$2,400           | Integrated        | \$12 / \$60 / 50%, \$350 / \$700 Brand Ded  |
| FRVT-HMO-S3-002-S (2019)                      | HYHMO        | Silver      | Standard              | \$10 No DD          | \$30 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$800          | \$1,600        | Embedded        | 40%    | Embedded     | Embedded    | \$1,800            | \$3,600   | \$400              | \$800             | Integrated        | \$10 / \$50 / 50%, \$150 / \$300 Brand Ded  |
| FRVT-HMO-S3-002-S (2020)                      | HYHMO        | Silver      | Standard              | \$10 No DD          | \$30 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$900          | \$1,800        | Embedded        | 40%    | Embedded     | Embedded    | \$1,900            | \$3,800   | \$400              | \$800             | Integrated        | \$10 / \$50 / 50%, \$150 / \$300 Brand Ded  |
| FRVT-HMO-S3-003-S (2019)                      | HYHMO        | Silver      | Standard              | \$5 No DD           | \$15 No DD | 10%           | \$75  | 10%     | \$50 No DD  | \$150          | \$300          | Embedded        | 10%    | Embedded     | Embedded    | \$900              | \$1,800   | \$200              | \$400             | Integrated        | \$5 / \$20 / 30%                            |
| FRVT-HMO-S3-003-S (2020)                      | HYHMO        | Silver      | Standard              | \$5 No DD           | \$15 No DD | 10%           | \$75  | 10%     | \$50 No DD  | \$200          | \$400          | Embedded        | 10%    | Embedded     | Embedded    | \$900              | \$1,800   | \$200              | \$400             | Integrated        | \$5 / \$20 / 30%                            |
| FRVT-HMO-S3-004-S (2019)                      | HYHMO        | Silver      | Standard              | \$20 No DD          | \$40 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$2,200        | \$4,400        | Embedded        | 40%    | Embedded     | Embedded    | \$4,900            | \$9,800   | \$1,000            | \$2,000           | Integrated        | \$12 / \$60 / 50%, \$200 / \$400 Brand Ded  |
| FRVT-HMO-S3-004-S (2020)                      | HYHMO        | Silver      | Standard              | \$25 No DD          | \$45 No DD | 50%           | \$250 | 50%     | \$100 No DD | \$2,300        | \$4,600        | Embedded        | 50%    | Embedded     | Embedded    | \$5,000            | \$10,000  | \$1,000            | \$2,000           | Integrated        | \$12 / \$60 / 50%, \$250 / \$500 Brand Ded  |
| FRVT-HMOH-S4-001-S (2019)                     | HDHMO        | Silver      | Standard              | 10%                 | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,550        | \$3,100        | Aggregate       | 25%    | Stacked      | Aggregate   | \$4,800            | \$9,600*  | \$1,350            | \$2,700           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |
| FRVT-HMOH-S4-001-S (2020)                     | HDHMO        | Silver      | Standard              | Ded then 10%        | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,700        | \$3,400        | Aggregate       | 25%    | Stacked      | Aggregate   | \$5,000            | \$10,000* | \$1,400            | \$2,800           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |
| FRVT-HMOH-S4-002-S (2019)                     | HYHMO        | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,200        | \$2,400        | Aggregate       | 0%     | Aggregate    | Aggregate   | \$1,200            | \$2,400   | N/A                | N/A               | N/A               | \$0 / \$0 / 0% Subject to Med Deductible    |
| FRVT-HMOH-S4-002-S (2020)                     | HMO          | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,250        | \$2,500        | Aggregate       | 0%     | Aggregate    | Aggregate   | \$1,250            | \$2,500   | N/A                | N/A               | N/A               | \$0 / \$0 / 0% Subject to Med Deductible    |
| FRVT-HMOH-S4-003-S (2019)                     | HYHMO        | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$550          | \$1,100        | Aggregate       | 0%     | Aggregate    | Aggregate   | \$550              | \$1,100   | N/A                | N/A               | N/A               | \$0 / \$0 / 0% Subject to Med Deductible    |
| FRVT-HMOH-S4-003-S (2020)                     | HMO          | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$550          | \$1,100        | Aggregate       | 0%     | Aggregate    | Aggregate   | \$550              | \$1,100   | N/A                | N/A               | N/A               | \$0 / \$0 / 0% Subject to Med Deductible    |
| FRVT-HMOH-S4-004-S (2019)                     | HDHMO        | Silver      | Standard              | 10%                 | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,350        | \$2,700        | Aggregate       | 25%    | Aggregate    | Aggregate   | \$3,300            | \$6,600   | \$1,350            | \$2,700           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |
| FRVT-HMOH-S4-004-S (2020)                     | HDHMO        | Silver      | Standard              | Ded then 10%        | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,450        | \$2,900        | Aggregate       | 25%    | Aggregate    | Aggregate   | \$3,400            | \$6,800   | \$1,400            | \$2,800           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |
| FRVT-HMOH-S2-001-S (2019)                     | HDHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$3,750        | \$7,500        | Embedded        | 0%     | Embedded     | Aggregate   | \$3,750            | \$7,500   | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-001-N (2020)                     | HDHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$4,400        | \$8,800        | Embedded        | 0%     | Embedded     | Aggregate   | \$4,400            | \$8,800   | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-002-S (2019)                     | HYHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,150        | \$2,300        | Embedded        | 0%     | Embedded     | Embedded    | \$1,150            | \$2,300   | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-002-S (2020)                     | HMO          | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,400        | \$2,800        | Embedded        | 0%     | Embedded     | Embedded    | \$1,400            | \$2,800   | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-003-S (2019)                     | HYHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$425          | \$850          | Embedded        | 0%     | Embedded     | Embedded    | \$425              | \$850     | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-003-N (2020)                     | HMO          | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$600          | \$1,200        | Embedded        | 0%     | Embedded     | Embedded    | \$600              | \$1,200   | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-004-S (2019)                     | HDHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$2,800        | \$5,600        | Embedded        | 0%     | Embedded     | Aggregate   | \$2,800            | \$5,600   | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-004-N (2020)                     | HMO          | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$3,250        | \$6,500        | Embedded        | 0%     | Embedded     | Aggregate   | \$3,250            | \$6,500   | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible     |

**Exhibit 2 -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Experience Period: January 1, 2018 - December 31, 2018  
 Rating Period: January 1, 2020 - December 31, 2020

|                        |             |             |              |
|------------------------|-------------|-------------|--------------|
| <b>Months of Trend</b> | <b>2019</b> | <b>2020</b> | <b>Total</b> |
|                        | 12          | 12          | 24           |

**Medical Trend Summary**

**2019 Annual Trend**

|                      | <b>% of Allowed Claims</b> | <b>Unit Cost</b> | <b>Utilization</b> | <b>Total</b> |
|----------------------|----------------------------|------------------|--------------------|--------------|
| IP                   | 21.1%                      | 5.0%             | 1.0%               | 6.0%         |
| OP                   | 48.2%                      | 4.0%             | 1.0%               | 5.1%         |
| PHY                  | 28.9%                      | 2.2%             | 1.0%               | 3.2%         |
| OTR                  | 1.8%                       | 4.0%             | 1.0%               | 5.0%         |
| <b>Medical Total</b> |                            | <b>3.7%</b>      | <b>1.0%</b>        | <b>4.7%</b>  |

**2020 Annual Trend**

|                      | <b>% of Allowed Claims</b> | <b>Unit Cost</b> | <b>Utilization</b> | <b>Total</b> |
|----------------------|----------------------------|------------------|--------------------|--------------|
| IP                   | 21.4%                      | 6.2%             | 1.0%               | 7.3%         |
| OP                   | 48.4%                      | 4.9%             | 1.0%               | 5.9%         |
| PHY                  | 28.5%                      | 1.5%             | 1.0%               | 2.5%         |
| OTR                  | 1.8%                       | 2.0%             | 1.0%               | 3.0%         |
| <b>Medical Total</b> |                            | <b>4.1%</b>      | <b>1.0%</b>        | <b>5.2%</b>  |

**Annual Allowed Medical Trend** **4.9%**

**Leveraging Impact - Fee-For-Service Medical Claims**

|                            | <b>Allowed-COB</b> | <b>Coinsurance</b> | <b>Copay</b> | <b>Deductible</b> | <b>Paid*</b> |
|----------------------------|--------------------|--------------------|--------------|-------------------|--------------|
| Rating Period:             | \$393.56           | \$10.58            | \$7.36       | \$58.33           | \$317.28     |
| 24 Months of Trend:        | 1.101              | 1.101              | 1.020        | 1.039             | 1.115        |
| Projection Period:         | \$433.48           | \$11.66            | \$7.51       | \$60.58           | \$353.74     |
| Allowed Trend (Annual)     | 4.9%               |                    |              |                   |              |
| Paid Trend (Annual)        | 5.6%               |                    |              |                   |              |
| <b>Leveraging (Annual)</b> | <b>0.6%</b>        |                    |              |                   |              |

**Rx Trend Summary**

|           | <b>2019 Trend</b> |                    | <b>2020 Trend</b> |                    | <b>Annualized Trend</b> |                    |
|-----------|-------------------|--------------------|-------------------|--------------------|-------------------------|--------------------|
|           | <b>Unit Cost</b>  | <b>Utilization</b> | <b>Unit Cost</b>  | <b>Utilization</b> | <b>Unit Cost</b>        | <b>Utilization</b> |
| Generic   | 17.8%             | 2.9%               | -5.2%             | 2.5%               | 5.7%                    | 2.7%               |
| Brand     | 11.7%             | -8.9%              | 8.6%              | -1.3%              | 10.1%                   | -5.2%              |
| Specialty | -0.4%             | 6.0%               | 7.5%              | 7.4%               | 3.5%                    | 6.7%               |

**Exhibit 2b -- Rx Trend Development**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| Rx Claim Information                      | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 10,457  | 898      | 100        | 11,455    |
| Experience Period Allowed Cost per Script | \$17.09 | \$313.51 | \$4,458.04 | \$79.22   |
| Experience Period Deductible Per Script   | \$3.56  | \$24.20  | \$79.63    | \$5.85    |
| Experience Period Copay Per Script        | \$2.68  | \$10.14  | \$11.96    | \$3.35    |
| Experience Period Coinsurance Per Script  | \$0.98  | \$15.46  | \$31.64    | \$2.38    |
| Experience Period Paid Cost Per Script    | \$9.87  | \$263.72 | \$4,334.81 | \$67.64   |
| Experience Period Allowed PMPM            | \$14.89 | \$23.46  | \$37.27    | \$75.62   |
| Experience Period Deductible PMPM         | \$3.10  | \$1.81   | \$0.67     | \$5.58    |
| Experience Period Copay PMPM              | \$2.34  | \$0.76   | \$0.10     | \$3.20    |
| Experience Period Coinsurance PMPM        | \$0.85  | \$1.16   | \$0.26     | \$2.27    |
| Experience Period Paid PMPM               | \$8.60  | \$19.73  | \$36.24    | \$64.57   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$14.83) |
| Annual Util Trend                         | 1.027   | 0.948    | 1.067      | 1.022     |
| Annual Unit Cost Trend                    | 1.057   | 1.101    | 1.035      | 1.059     |
| Annual Allowed Trend                      | 1.086   | 1.044    | 1.104      | 1.082     |
| Annual Deductible Trend                   | 1.019   | 1.019    | 1.019      | 1.019     |
| Annual Paid Trend                         | 1.115   | 1.054    | 1.105      | 1.091     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1.096     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 11,037  | 807      | 114        | 11,958    |
| Projected Allowed Cost per Script         | \$19.09 | \$380.21 | \$4,774.45 | \$88.88   |
| Projected Deductible Per Script           | \$3.70  | \$25.14  | \$82.70    | \$5.90    |
| Projected Copay Per Script                | \$2.68  | \$10.14  | \$11.96    | \$3.27    |
| Projected Coinsurance Per Script          | \$1.09  | \$18.75  | \$33.89    | \$2.60    |
| Projected Paid Cost Per Script            | \$11.61 | \$326.19 | \$4,645.90 | \$77.10   |
| Projected Allowed PMPM                    | \$17.56 | \$25.57  | \$45.44    | \$88.57   |
| Projected Deductible PMPM                 | \$3.40  | \$1.69   | \$0.79     | \$5.88    |
| Projected Copay PMPM                      | \$2.47  | \$0.68   | \$0.11     | \$3.26    |
| Projected Coinsurance PMPM                | \$1.00  | \$1.26   | \$0.32     | \$2.59    |
| Projected Paid PMPM                       | \$10.68 | \$21.94  | \$44.22    | \$76.84   |
| Projected Rx Rebates                      |         |          |            | (\$17.11) |
| Net Projected Paid PMPM                   |         |          |            | \$59.73   |

**Exhibit 2b -- Rx Trend Development (Small ACA)**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| Rx Claim Information                      | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 10,414  | 872      | 97         | 11,383    |
| Experience Period Allowed Cost per Script | \$18.08 | \$309.39 | \$4,573.13 | \$79.18   |
| Experience Period Deductible Per Script   | \$3.84  | \$28.08  | \$77.76    | \$6.33    |
| Experience Period Copay Per Script        | \$3.10  | \$13.57  | \$16.39    | \$4.01    |
| Experience Period Coinsurance Per Script  | \$1.06  | \$12.68  | \$25.88    | \$2.17    |
| Experience Period Paid Cost Per Script    | \$10.07 | \$255.06 | \$4,453.10 | \$66.67   |
| Experience Period Allowed PMPM            | \$15.69 | \$22.49  | \$36.93    | \$75.11   |
| Experience Period Deductible PMPM         | \$3.34  | \$2.04   | \$0.63     | \$6.01    |
| Experience Period Copay PMPM              | \$2.69  | \$0.99   | \$0.13     | \$3.81    |
| Experience Period Coinsurance PMPM        | \$0.92  | \$0.92   | \$0.21     | \$2.05    |
| Experience Period Paid PMPM               | \$8.74  | \$18.54  | \$35.96    | \$63.24   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$14.87) |
| Annual Util Trend                         | 1.027   | 0.948    | 1.067      | 1.022     |
| Annual Unit Cost Trend                    | 1.057   | 1.101    | 1.035      | 1.060     |
| Annual Allowed Trend                      | 1.086   | 1.044    | 1.104      | 1.083     |
| Annual Deductible Trend                   | 1.019   | 1.019    | 1.019      | 1.019     |
| Annual Paid Trend                         | 1.117   | 1.057    | 1.105      | 1.093     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1.103     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 10,992  | 784      | 110        | 11,886    |
| Projected Allowed Cost per Script         | \$20.19 | \$375.20 | \$4,897.71 | \$88.88   |
| Projected Deductible Per Script           | \$3.99  | \$29.15  | \$80.72    | \$6.36    |
| Projected Copay Per Script                | \$3.10  | \$13.57  | \$16.39    | \$3.91    |
| Projected Coinsurance Per Script          | \$1.19  | \$15.38  | \$27.72    | \$2.37    |
| Projected Paid Cost Per Script            | \$11.92 | \$317.11 | \$4,772.89 | \$76.23   |
| Projected Allowed PMPM                    | \$18.50 | \$24.51  | \$45.02    | \$88.03   |
| Projected Deductible PMPM                 | \$3.66  | \$1.90   | \$0.74     | \$6.30    |
| Projected Copay PMPM                      | \$2.84  | \$0.89   | \$0.15     | \$3.87    |
| Projected Coinsurance PMPM                | \$1.09  | \$1.00   | \$0.25     | \$2.35    |
| Projected Paid PMPM                       | \$10.92 | \$20.72  | \$43.87    | \$75.51   |
| Projected Rx Rebates                      |         |          |            | (\$16.63) |
| Net Projected Paid PMPM                   |         |          |            | \$58.88   |

**Exhibit 2b -- Rx Trend Development (Individual ACA)**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| Rx Claim Information                      | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 10,617  | 937      | 103        | 11,657    |
| Experience Period Allowed Cost per Script | \$15.80 | \$318.63 | \$4,219.28 | \$77.42   |
| Experience Period Deductible Per Script   | \$2.81  | \$16.55  | \$70.17    | \$4.51    |
| Experience Period Copay Per Script        | \$2.31  | \$6.50   | \$7.88     | \$2.70    |
| Experience Period Coinsurance Per Script  | \$0.93  | \$20.37  | \$42.76    | \$2.86    |
| Experience Period Paid Cost Per Script    | \$9.75  | \$275.21 | \$4,098.47 | \$67.36   |
| Experience Period Allowed PMPM            | \$13.98 | \$24.88  | \$36.35    | \$75.21   |
| Experience Period Deductible PMPM         | \$2.48  | \$1.29   | \$0.60     | \$4.38    |
| Experience Period Copay PMPM              | \$2.04  | \$0.51   | \$0.07     | \$2.62    |
| Experience Period Coinsurance PMPM        | \$0.82  | \$1.59   | \$0.37     | \$2.78    |
| Experience Period Paid PMPM               | \$8.63  | \$21.49  | \$35.31    | \$65.43   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$14.15) |
| Annual Util Trend                         | 1,027   | 0,948    | 1,067      | 1,022     |
| Annual Unit Cost Trend                    | 1,057   | 1,101    | 1,035      | 1,058     |
| Annual Allowed Trend                      | 1,086   | 1,044    | 1,104      | 1,081     |
| Annual Deductible Trend                   | 1,020   | 1,020    | 1,020      | 1,020     |
| Annual Paid Trend                         | 1,110   | 1,051    | 1,105      | 1,088     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1,082     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 11,205  | 842      | 118        | 12,165    |
| Projected Allowed Cost per Script         | \$17.64 | \$386.41 | \$4,518.74 | \$86.73   |
| Projected Deductible Per Script           | \$2.92  | \$17.22  | \$72.99    | \$4.59    |
| Projected Copay Per Script                | \$2.31  | \$6.50   | \$7.88     | \$2.65    |
| Projected Coinsurance Per Script          | \$1.04  | \$24.70  | \$45.79    | \$3.11    |
| Projected Paid Cost Per Script            | \$11.38 | \$338.00 | \$4,392.07 | \$76.37   |
| Projected Allowed PMPM                    | \$16.48 | \$27.12  | \$44.32    | \$87.92   |
| Projected Deductible PMPM                 | \$2.73  | \$1.21   | \$0.72     | \$4.65    |
| Projected Copay PMPM                      | \$2.16  | \$0.46   | \$0.08     | \$2.69    |
| Projected Coinsurance PMPM                | \$0.97  | \$1.73   | \$0.45     | \$3.15    |
| Projected Paid PMPM                       | \$10.62 | \$23.72  | \$43.08    | \$77.43   |
| Projected Rx Rebates                      |         |          |            | (\$17.42) |
| Net Projected Paid PMPM                   |         |          |            | \$60.01   |

**Exhibit 2b -- Rx Trend Development (Small Grandfathered)**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| Rx Claim Information                      | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 9,561   | 853      | 113        | 10,527    |
| Experience Period Allowed Cost per Script | \$17.14 | \$313.18 | \$5,224.37 | \$97.04   |
| Experience Period Deductible Per Script   | \$7.32  | \$51.83  | \$173.59   | \$12.71   |
| Experience Period Copay Per Script        | \$1.09  | \$4.47   | \$0.64     | \$1.36    |
| Experience Period Coinsurance Per Script  | \$0.34  | \$1.17   | \$0.00     | \$0.40    |
| Experience Period Paid Cost Per Script    | \$8.39  | \$255.71 | \$5,050.15 | \$82.57   |
| Experience Period Allowed PMPM            | \$13.65 | \$22.26  | \$49.21    | \$85.12   |
| Experience Period Deductible PMPM         | \$5.83  | \$3.68   | \$1.64     | \$11.15   |
| Experience Period Copay PMPM              | \$0.87  | \$0.32   | \$0.01     | \$1.19    |
| Experience Period Coinsurance PMPM        | \$0.27  | \$0.08   | \$0.00     | \$0.35    |
| Experience Period Paid PMPM               | \$6.68  | \$18.18  | \$47.57    | \$72.43   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$20.26) |
| Annual Util Trend                         | 1,027   | 0,948    | 1,067      | 1,022     |
| Annual Unit Cost Trend                    | 1,057   | 1,101    | 1,035      | 1,063     |
| Annual Allowed Trend                      | 1,086   | 1,044    | 1,104      | 1,086     |
| Annual Deductible Trend                   | 1,019   | 1,019    | 1,019      | 1,019     |
| Annual Paid Trend                         | 1,126   | 1,061    | 1,105      | 1,096     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1,134     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 10,091  | 767      | 129        | 10,986    |
| Projected Allowed Cost per Script         | \$19.14 | \$379.80 | \$5,595.17 | \$109.62  |
| Projected Deductible Per Script           | \$7.60  | \$53.82  | \$180.28   | \$12.85   |
| Projected Copay Per Script                | \$1.09  | \$4.47   | \$0.64     | \$1.32    |
| Projected Coinsurance Per Script          | \$0.38  | \$1.42   | \$0.00     | \$0.45    |
| Projected Paid Cost Per Script            | \$10.07 | \$320.09 | \$5,414.26 | \$95.00   |
| Projected Allowed PMPM                    | \$16.09 | \$24.26  | \$60.00    | \$100.36  |
| Projected Deductible PMPM                 | \$6.39  | \$3.44   | \$1.93     | \$11.76   |
| Projected Copay PMPM                      | \$0.92  | \$0.29   | \$0.01     | \$1.21    |
| Projected Coinsurance PMPM                | \$0.32  | \$0.09   | \$0.00     | \$0.41    |
| Projected Paid PMPM                       | \$8.47  | \$20.45  | \$58.06    | \$86.98   |
| Projected Rx Rebates                      |         |          |            | (\$19.90) |
| Net Projected Paid PMPM                   |         |          |            | \$67.08   |

**Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: 1/1/18 - 12/31/18

Completed Through: 3/31/19

|   | ACA<br>Compliant<br>Small Group | ACA<br>Compliant<br>Individual | Small Group<br>Grandfathered | Small Group +<br>Individual<br>Single Risk<br>Pool |
|---|---------------------------------|--------------------------------|------------------------------|--|
| 1 Member Months   | 172,758                         | 130,575                        | 14,969                       | 318,302  |
| 2 FFS Paid Medical Claims   | \$312.58                        | \$322.62                       | \$324.98                     | \$317.28   |
| 3 FFS Paid Pediatric Dental Claims  | \$0.84                          | \$0.84                         | \$0.00                       | \$0.80   |
| 4a Federal CSR Payments   | \$0.00                          | (\$38.95)                      | \$0.00                       | (\$15.98)  |
| 4b State CSR Payments   | \$0.00                          | (\$5.23)                       | \$0.00                       | (\$2.15)   |
| 5 IBNR Factor   | 1.024                           | 1.024                          | 1.024                        | 1.024  |
| 6 FFS Incurred Paid Medical Claims  | \$321.05                        | \$286.08                       | \$332.92                     | \$307.26   |
| 7 FFS Incurred Rx Claims  | \$63.24                         | \$65.43                        | \$72.43                      | \$64.57  |
| 8 Experience Period Rx Rebates  | (\$14.87)                       | (\$14.15)                      | (\$20.26)                    | (\$14.83)  |
| 9 FFS Incurred Rx Claims (Net of Rebates)   | \$48.37                         | \$51.28                        | \$52.17                      | \$49.74  |
| 10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point                       | (\$40.46)                       | (\$32.21)                      | (\$42.23)                    | (\$37.16)  |
| 11 Pooling Charge   | \$41.14                         | \$38.16                        | \$42.88                      | \$40.00  |
| 12 FFS Experience Period Claim Expense After Pooling Adjustment                       | \$370.11                        | \$343.31                       | \$385.75                     | \$359.85   |
| 13 Experience Period Capitation and Non-FFS Medical Costs                             | \$8.80                          | \$8.47                         | \$9.00                       | \$8.67   |
| <b>14 Adjusted Experience Period Claim Expense</b>                                    | <b>\$378.91</b>                 | <b>\$351.78</b>                | <b>\$394.74</b>              | <b>\$368.52</b>                                    |
| <b>Market-Wide Adjustments to Experience Period Claims</b>                            |                                 |                                |                              |  |
| 15 Adjustment for average policy during beginning of policy year                      | \$0.00                          | \$0.00                         | \$0.00                       | \$0.00   |
| 16 Adjustment for pharmacy benefit carve-in   | \$0.31                          | \$0.11                         | \$0.81                       | \$0.25   |
| 17 Adjustment for pediatric dental carve-in to Small Group Grandfathered              | \$0.00                          | \$0.00                         | \$0.84                       | \$0.04   |
| 18 Adjustment for Individual Mandate Repeal   | \$0.00                          | \$0.00                         | \$0.00                       | \$0.00   |
| 19 Adjustment for Association Health Plans  | \$0.00                          | \$0.00                         | \$0.00                       | \$0.00   |
| 20 Adjustment for Leap Year   | \$1.01                          | \$0.94                         | \$1.06                       | \$0.99   |
| 21 Adjustment for National High Cost Reinsurance Pool                                 | \$0.89                          | \$0.82                         | \$0.93                       | \$0.86   |
| <b>22 Experience Period Claim Expense After All Adjustments</b>                       | <b>\$381.12</b>                 | <b>\$353.65</b>                | <b>\$398.38</b>              | <b>\$370.66</b>                                    |
| 23 Annual FFS Medical projection factor   | 1.056                           | 1.056                          | 1.056                        | 1.056  |
| 24 Annual FFS Rx projection factor  | 1.103                           | 1.082                          | 1.134                        | 1.096  |
| 25 Annual FFS Claim trend projection factor   | 1.062                           | 1.060                          | 1.066                        | 1.061  |
| 26 Months of Trend  | 24                              | 24                             | 24                           | 24   |
| 27 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs | \$419.99                        | \$387.71                       | \$442.86                     | \$407.84   |
| 28 Projection Period VT Paid Claim Surcharge + NYS HCRA                               | \$5.25                          | \$4.84                         | \$5.53                       | \$5.09   |
| 29 Projection Period Capitation and Non-FFS Medical Costs                             | \$6.64                          | \$6.64                         | \$6.64                       | \$6.64   |
| <b>30 Paid Index Rate PMPM Prior to Adjustments for Federal Programs</b>              | <b>\$431.88</b>                 | <b>\$399.20</b>                | <b>\$455.03</b>              | <b>\$419.58</b>                                    |
| <b>Federal Reinsurance and Risk Adjustment Programs</b>                               |                                 |                                |                              |  |
| 31 Federal Risk Adjustment Program Impact   | \$68.93                         | \$63.72                        | \$72.63                      | \$66.97  |
| <b>32 Paid Index Rate PMPM After Adjustments for Federal Programs</b>                 | <b>\$500.81</b>                 | <b>\$462.91</b>                | <b>\$527.65</b>              | <b>\$486.54</b>                                    |

|   |
|---|
| <b>Exhibit 4 -- Conversion Factor and Tier Ratios</b> |
|---|

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| Tier | Contract Type     | Subscribers | Members | Avg Contract |             |
|------|-------------------|-------------|---------|--------------|-------------|
|      |                   |             |         | Size         | Load Factor |
| 4    | Single            | 13,734      | 13,737  | 1.000        | 1.000       |
| 4    | Double            | 3,547       | 7,087   | 1.998        | 2.000       |
| 4    | Parent/Child(ren) | 681         | 1,682   | 2.470        | 1.930       |
| 4    | Family            | 2,194       | 8,381   | 3.820        | 2.810       |

Single Conversion Factor 1.091

**Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| <b>% of Premium Retention Components</b>       |              |
|--|--------------|
| Broker Load                                    | 0.00%        |
| Bad Debt                                       | 0.40%        |
| Contribution to Reserves                       | 1.00%        |
| <b>Total % of Premium Retention Components</b> | <b>1.40%</b> |

| <b>PMPM Retention Components</b> |         |
|----------------------------------|---------|
| General Administrative Load      | \$42.00 |

| <b>% of Premium Taxes and Assessments</b>   |              |
|---|--------------|
| Premium Tax                                 | 0.00%        |
| VT Vaccine Pilot                            | 0.30%        |
| ACA Insurer Tax                             | 1.00%        |
| <b>Total % of Premium Taxes/Assessments</b> | <b>1.30%</b> |

| <b>% of Paid Claim Taxes and Assessments</b>   |               |
|--|---------------|
| Vermont Paid Claim Surcharge                   | 0.999%        |
| New York State HCRA Surcharge                  | 0.250%        |
| <b>Total % of Paid Claim Taxes/Assessments</b> | <b>1.249%</b> |

| <b>PMPM Taxes and Assessments</b>   |               |
|-------------------------------------|---------------|
| HHS Risk Adjustment User Fee        | \$0.17        |
| 18 VSA 9374(h) Billback             | \$1.93        |
| <b>Total PMPM Taxes/Assessments</b> | <b>\$2.10</b> |

|  |
|--|
| <b>Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans</b> |
|--|

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

|  |
|--|
| <b>% of Premium Retention Components</b> |
|--|

|   |             |                         |
|---|-------------|-------------------------|
| 1) Projection Period Federal CSR Dollars      | \$5,946,226 |                         |
| 2) Projection Period Member Months, CSR Plans | 78,168      |                         |
| 3) Projection Period Federal CSR PMPM         | \$76.07     | = 1) / 2)               |
| 4) IBNR Factor                                | 1.024       |                         |
| 5) Federal CSR PMPM with IBNR                 | \$77.93     | = 3) * 4)               |
| 6) Annual Trend Factor                        | 1.018       |                         |
| 7) Months of Trend                            | 24          |                         |
| 8) Trended Federal CSR PMPM                   | \$80.72     | = 5) * 6) ^ [ 7) / 12 ] |

Exhibit 7 -- 2020 Exchange Premium Rates

|   |          |
|---|----------|
| 2020 Adjusted Paid Claim Cost (Exhibit 3, Line 32)          | \$486.54 |
| Benefit Relativity * Induced Demand Reflected in Index Rate | 0.7440   |
| Adjusted Claim Cost for Pricing                             | \$653.98 |

| Coplan                     | Product Type | Metal Level  | Standard/No n-Standard | On/Off Exchange | Federal and State Combined Subsidy | Benefit Actuarial Value | Induced Utilization Factor* | Net Claim Cost PMPM | Bad Debt / CTR (% of Premium) | Administrative Expense (PMPM) | % of Premium Taxes and Assessments | PMPM Taxes and Assessments | Benefits in Excess of EHB's** | CSR Loading | Gross Claim Cost PMPM | Single*** | Double     | Parent/Child (ren) | Family     | Increase over 2019 Single Rate | Increase over 2019 Double Rate | Increase over 2019 P/C Rate | Increase over 2019 Family Rate |      |
|----------------------------|--------------|--------------|------------------------|-----------------|------------------------------------|-------------------------|-----------------------------|---------------------|-------------------------------|-------------------------------|------------------------------------|----------------------------|-------------------------------|-------------|-----------------------|-----------|------------|--------------------|------------|--------------------------------|--------------------------------|-----------------------------|--------------------------------|------|
| FRVT-HMO-P-001-S (2020)    | HyHMO        | Platinum     | Standard               | On Exchange     | Non-Subsidized                     | 0.881                   | 1.138                       | \$655.56            | \$10.07                       | \$42.00                       | \$9.35                             | \$2.10                     | \$0.00                        | \$0.00      | \$719.08              | \$784.52  | \$1,569.04 | \$1,514.12         | \$2,204.50 | 9.5%                           | 9.5%                           | 9.5%                        | 9.5%                           |      |
| FRVT-HMO-G-001-S (2020)    | HyHMO        | Gold         | Standard               | On Exchange     | Non-Subsidized                     | 0.782                   | 1.072                       | \$547.76            | \$8.52                        | \$42.00                       | \$7.91                             | \$2.10                     | \$0.00                        | \$0.00      | \$608.28              | \$663.63  | \$1,327.26 | \$1,280.81         | \$1,864.80 | 9.1%                           | 9.1%                           | 9.1%                        | 9.1%                           |      |
| FRVT-HMO-G-002-N (2020)    | HyHMO        | Gold         | Non-Standard           | On Exchange     | Non-Subsidized                     | 0.809                   | 1.088                       | \$575.66            | \$8.93                        | \$42.00                       | \$8.29                             | \$2.10                     | \$0.88                        | \$0.00      | \$637.86              | \$695.91  | \$1,391.82 | \$1,343.11         | \$1,955.51 | 11.6%                          | 11.6%                          | 11.6%                       | 11.6%                          |      |
| FRVT-HMOH-G-003-N (2020)   | HDHMO        | Gold         | Non-Standard           | On Exchange     | Non-Subsidized                     | 0.769                   | 1.066                       | \$536.34            | \$8.36                        | \$42.00                       | \$7.77                             | \$2.10                     | \$0.88                        | \$0.00      | \$597.45              | \$651.82  | \$1,303.64 | \$1,258.01         | \$1,831.61 | 11.7%                          | 11.7%                          | 11.7%                       | 11.7%                          |      |
| FRVT-HMO-S-003-S (2020)    | HyHMO        | Silver       | Standard               | On Exchange     | Non-Subsidized                     | 0.706                   | 1.033                       | \$477.36            | \$8.66                        | \$42.00                       | \$8.05                             | \$2.10                     | \$0.00                        | \$0.00      | \$80.72               | \$618.90  | \$675.22   | \$1,350.44         | \$1,303.17 | \$1,897.37                     | 5.7%                           | 5.7%                        | 5.7%                           | 5.7% |
| FRVT-HMOH-S-004-S (2020)   | HDHMO        | Silver       | Standard               | On Exchange     | Non-Subsidized                     | 0.693                   | 1.026                       | \$465.32            | \$8.49                        | \$42.00                       | \$7.88                             | \$2.10                     | \$0.00                        | \$0.00      | \$80.72               | \$606.51  | \$661.70   | \$1,323.40         | \$1,277.08 | \$1,859.38                     | 6.4%                           | 6.4%                        | 6.4%                           | 6.4% |
| FRVT-HMOH-S-002-N (2020)   | HDHMO        | Silver       | Non-Standard           | On Exchange     | Non-Subsidized                     | 0.702                   | 1.031                       | \$473.56            | \$8.62                        | \$42.00                       | \$8.01                             | \$2.10                     | \$0.88                        | \$0.00      | \$80.72               | \$615.89  | \$671.94   | \$1,343.88         | \$1,296.84 | \$1,888.15                     | 7.7%                           | 7.7%                        | 7.7%                           | 7.7% |
| FRVT-HMO-S-001-N (2020)    | HyHMO        | Silver       | Non-Standard           | On Exchange     | Non-Subsidized                     | 0.673                   | 1.021                       | \$449.46            | \$8.28                        | \$42.00                       | \$7.68                             | \$2.10                     | \$0.88                        | \$0.00      | \$80.72               | \$591.12  | \$644.91   | \$1,289.82         | \$1,244.68 | \$1,812.20                     | 7.9%                           | 7.9%                        | 7.9%                           | 7.9% |
| VT-HMO-S-003-S II (2020)   | HyHMO        | Silver       | Standard               | Off Exchange    | Non-Subsidized                     | 0.706                   | 1.033                       | \$477.36            | \$7.50                        | \$42.00                       | \$6.97                             | \$2.10                     | \$0.00                        | \$0.00      | \$535.94              | \$584.71  | \$1,169.42 | \$1,128.49         | \$1,643.04 | 9.4%                           | 9.4%                           | 9.4%                        | 9.4%                           |      |
| VT-HMOH-S-004-S II (2020)  | HDHMO        | Silver       | Standard               | Off Exchange    | Non-Subsidized                     | 0.693                   | 1.026                       | \$465.32            | \$7.33                        | \$42.00                       | \$6.81                             | \$2.10                     | \$0.00                        | \$0.00      | \$523.55              | \$571.19  | \$1,142.38 | \$1,102.40         | \$1,605.04 | 10.4%                          | 10.4%                          | 10.4%                       | 10.4%                          |      |
| VT-HMOH-S-002-N II (2020)  | HDHMO        | Silver       | Non-Standard           | Off Exchange    | Non-Subsidized                     | 0.702                   | 1.028                       | \$471.66            | \$7.43                        | \$42.00                       | \$6.90                             | \$2.10                     | \$0.88                        | \$0.00      | \$530.97              | \$579.29  | \$1,158.58 | \$1,118.03         | \$1,627.80 | 11.6%                          | 11.6%                          | 11.6%                       | 11.6%                          |      |
| VT-HMO-S-001-N II (2020)   | HyHMO        | Silver       | Non-Standard           | Off Exchange    | Non-Subsidized                     | 0.673                   | 1.021                       | \$449.46            | \$7.11                        | \$42.00                       | \$6.61                             | \$2.10                     | \$0.88                        | \$0.00      | \$508.16              | \$554.40  | \$1,108.80 | \$1,069.99         | \$1,557.86 | 12.4%                          | 12.4%                          | 12.4%                       | 12.4%                          |      |
| FRVT-HMO-B-002-S (2020)    | HMO          | Bronze       | Standard               | On Exchange     | Non-Subsidized                     | 0.582                   | 1.000                       | \$380.62            | \$6.11                        | \$42.00                       | \$5.67                             | \$2.10                     | \$0.00                        | \$0.00      | \$436.50              | \$476.22  | \$952.44   | \$919.10           | \$1,338.18 | 11.8%                          | 11.8%                          | 11.8%                       | 11.8%                          |      |
| FRVT-HMOH-B-003-S (2020)   | HDHMO        | Bronze       | Standard               | On Exchange     | Non-Subsidized                     | 0.601                   | 1.000                       | \$392.91            | \$6.29                        | \$42.00                       | \$5.84                             | \$2.10                     | \$0.00                        | \$0.00      | \$449.14              | \$490.01  | \$980.02   | \$945.72           | \$1,376.93 | 12.3%                          | 12.3%                          | 12.3%                       | 12.3%                          |      |
| FRVT-HMO-B-004-S (2020)    | HMO          | Bronze       | Standard               | On Exchange     | Non-Subsidized                     | 0.661                   | 1.017                       | \$439.95            | \$6.96                        | \$42.00                       | \$6.47                             | \$2.10                     | \$0.00                        | \$0.00      | \$497.48              | \$542.75  | \$1,085.50 | \$1,047.51         | \$1,525.13 | 11.8%                          | 11.8%                          | 11.8%                       | 11.8%                          |      |
| FRVT-HMO-B-005-N (2020)    | HMO          | Bronze       | Non-Standard           | On Exchange     | Non-Subsidized                     | 0.613                   | 1.003                       | \$401.90            | \$6.43                        | \$42.00                       | \$5.97                             | \$2.10                     | \$0.88                        | \$0.00      | \$459.28              | \$501.07  | \$1,002.14 | \$967.07           | \$1,408.01 | 13.6%                          | 13.6%                          | 13.6%                       | 13.6%                          |      |
| FRVT-HMO-B-001-N (2020)    | HMO          | Bronze       | Non-Standard           | On Exchange     | Non-Subsidized                     | 0.580                   | 1.000                       | \$379.50            | \$6.11                        | \$42.00                       | \$5.67                             | \$2.10                     | \$0.88                        | \$0.00      | \$436.26              | \$475.96  | \$951.92   | \$918.60           | \$1,337.45 | 11.2%                          | 11.2%                          | 11.2%                       | 11.2%                          |      |
| FRVT-HMO-C-001-N (2020)    | HMO          | Catastrophic | Standard               | On Exchange     | Non-Subsidized                     | 0.613                   | 0.638                       | \$255.77            | \$4.31                        | \$42.00                       | \$4.01                             | \$2.10                     | \$0.00                        | \$0.00      | \$308.19              | \$336.24  | \$672.48   | \$648.94           | \$944.83   | 12.3%                          | 12.3%                          | 12.3%                       | 12.3%                          |      |
| FRVT-HMO-S3-001-S (2020)   | HyHMO        | Silver       | Standard               | On Exchange     | Subsidized (73%)                   | 0.706                   | 1.033                       | \$477.36            | \$8.66                        | \$42.00                       | \$8.05                             | \$2.10                     | \$0.00                        | \$80.72     | \$618.90              | \$675.22  | \$1,350.44 | \$1,303.17         | \$1,897.37 | 5.7%                           | 5.7%                           | 5.7%                        | 5.7%                           |      |
| FRVT-HMO-S3-002-S (2020)   | HyHMO        | Silver       | Standard               | On Exchange     | Subsidized (87%)                   | 0.706                   | 1.033                       | \$477.36            | \$8.66                        | \$42.00                       | \$8.05                             | \$2.10                     | \$0.00                        | \$80.72     | \$618.90              | \$675.22  | \$1,350.44 | \$1,303.17         | \$1,897.37 | 5.7%                           | 5.7%                           | 5.7%                        | 5.7%                           |      |
| FRVT-HMO-S3-003-S (2020)   | HyHMO        | Silver       | Standard               | On Exchange     | Subsidized (94%)                   | 0.706                   | 1.033                       | \$477.36            | \$8.66                        | \$42.00                       | \$8.05                             | \$2.10                     | \$0.00                        | \$80.72     | \$618.90              | \$675.22  | \$1,350.44 | \$1,303.17         | \$1,897.37 | 5.7%                           | 5.7%                           | 5.7%                        | 5.7%                           |      |
| FRVT-HMO-S3-004-S (2020)   | HyHMO        | Silver       | Standard               | On Exchange     | Subsidized (77%)                   | 0.706                   | 1.033                       | \$477.36            | \$8.66                        | \$42.00                       | \$8.05                             | \$2.10                     | \$0.00                        | \$80.72     | \$618.90              | \$675.22  | \$1,350.44 | \$1,303.17         | \$1,897.37 | 5.7%                           | 5.7%                           | 5.7%                        | 5.7%                           |      |
| FRVT-HMOH-S4-001-S (2020)  | HDHMO        | Silver       | Standard               | On Exchange     | Subsidized (73%)                   | 0.693                   | 1.026                       | \$465.32            | \$8.49                        | \$42.00                       | \$7.88                             | \$2.10                     | \$0.00                        | \$0.00      | \$80.72               | \$606.51  | \$661.70   | \$1,323.40         | \$1,277.08 | \$1,859.38                     | 6.4%                           | 6.4%                        | 6.4%                           | 6.4% |
| FRVT-HMOH-S4-002-S (2020)  | HMO          | Silver       | Standard               | On Exchange     | Subsidized (87%)                   | 0.693                   | 1.026                       | \$465.32            | \$8.49                        | \$42.00                       | \$7.88                             | \$2.10                     | \$0.00                        | \$0.00      | \$80.72               | \$606.51  | \$661.70   | \$1,323.40         | \$1,277.08 | \$1,859.38                     | 6.4%                           | 6.4%                        | 6.4%                           | 6.4% |
| FRVT-HMOH-S4-003-S (2020)  | HMO          | Silver       | Standard               | On Exchange     | Subsidized (94%)                   | 0.693                   | 1.026                       | \$465.32            | \$8.49                        | \$42.00                       | \$7.88                             | \$2.10                     | \$0.00                        | \$0.00      | \$80.72               | \$606.51  | \$661.70   | \$1,323.40         | \$1,277.08 | \$1,859.38                     | 6.4%                           | 6.4%                        | 6.4%                           | 6.4% |
| FRVT-HMOH-S4-004-S (2020)  | HDHMO        | Silver       | Standard               | On Exchange     | Subsidized (77%)                   | 0.693                   | 1.026                       | \$465.32            | \$8.49                        | \$42.00                       | \$7.88                             | \$2.10                     | \$0.00                        | \$0.00      | \$80.72               | \$606.51  | \$661.70   | \$1,323.40         | \$1,277.08 | \$1,859.38                     | 6.4%                           | 6.4%                        | 6.4%                           | 6.4% |
| FRVT-HMOH-S2-001-N (2020)  | HDHMO        | Silver       | Non-Standard           | On Exchange     | Subsidized (73%)                   | 0.702                   | 1.031                       | \$473.56            | \$8.62                        | \$42.00                       | \$8.01                             | \$2.10                     | \$0.88                        | \$0.00      | \$80.72               | \$615.89  | \$671.94   | \$1,343.88         | \$1,296.84 | \$1,888.15                     | 7.7%                           | 7.7%                        | 7.7%                           | 7.7% |
| FRVT-HMOH-S2-002-N (2020)  | HMO          | Silver       | Non-Standard           | On Exchange     | Subsidized (87%)                   | 0.702                   | 1.031                       | \$473.56            | \$8.62                        | \$42.00                       | \$8.01                             | \$2.10                     | \$0.88                        | \$0.00      | \$80.72               | \$615.89  | \$671.94   | \$1,343.88         | \$1,296.84 | \$1,888.15                     | 7.7%                           | 7.7%                        | 7.7%                           | 7.7% |
| FRVT-HMOH-S2-003-N (2020)  | HMO          | Silver       | Non-Standard           | On Exchange     | Subsidized (94%)                   | 0.702                   | 1.031                       | \$473.56            | \$8.62                        | \$42.00                       | \$8.01                             | \$2.10                     | \$0.88                        | \$0.00      | \$80.72               | \$615.89  | \$671.94   | \$1,343.88         | \$1,296.84 | \$1,888.15                     | 7.7%                           | 7.7%                        | 7.7%                           | 7.7% |
| FRVT-HMOH-S2-004-N (2020)  | HMO          | Silver       | Non-Standard           | On Exchange     | Subsidized (77%)                   | 0.702                   | 1.031                       | \$473.56            | \$8.62                        | \$42.00                       | \$8.01                             | \$2.10                     | \$0.88                        | \$0.00      | \$80.72               | \$615.89  | \$671.94   | \$1,343.88         | \$1,296.84 | \$1,888.15                     | 7.7%                           | 7.7%                        | 7.7%                           | 7.7% |
| FRVT-HMO-S1-001-N (2020)   | HyHMO        | Silver       | Non-Standard           | On Exchange     | Subsidized (73%)                   | 0.673                   | 1.021                       | \$449.46            | \$8.28                        | \$42.00                       | \$7.68                             | \$2.10                     | \$0.88                        | \$0.00      | \$80.72               | \$591.12  | \$644.91   | \$1,289.82         | \$1,244.68 | \$1,812.20                     | 7.9%                           | 7.9%                        | 7.9%                           | 7.9% |
| FRVT-HMO-S1-002-N (2020)   | HyHMO        | Silver       | Non-Standard           | On Exchange     | Subsidized (87%)                   | 0.673                   | 1.021                       | \$449.46            | \$8.28                        | \$42.00                       | \$7.68                             | \$2.10                     | \$0.88                        | \$0.00      | \$80.72               | \$591.12  | \$644.91   | \$1,289.82         | \$1,244.68 | \$1,812.20                     | 7.9%                           | 7.9%                        | 7.9%                           | 7.9% |
| FRVT-HMO-S1-003-N (2020)   | HyHMO        | Silver       | Non-Standard           | On Exchange     | Subsidized (94%)                   | 0.673                   | 1.021                       | \$449.46            | \$8.28                        | \$42.00                       | \$7.68                             | \$2.10                     | \$0.88                        | \$0.00      | \$80.72               | \$591.12  | \$644.91   | \$1,289.82         | \$1,244.68 | \$1,812.20                     | 7.9%                           | 7.9%                        | 7.9%                           | 7.9% |
| FRVT-HMO-S1-004-N (2020)   | HyHMO        | Silver       | Non-Standard           | On Exchange     | Subsidized (77%)                   | 0.673                   | 1.021                       | \$449.46            | \$8.28                        | \$42.00                       | \$7.68                             | \$2.10                     | \$0.88                        | \$0.00      | \$80.72               | \$591.12  | \$644.91   | \$1,289.82         | \$1,244.68 | \$1,812.20                     | 7.9%                           | 7.9%                        | 7.9%                           | 7.9% |
| FRVT-HMO-PA2-001-S (2020)  | HyHMO        | Platinum     | Standard               | On Exchange     | A/I/A/N                            | 0.881                   | 1.138                       | \$655.56            | \$10.07                       | \$42.00                       | \$9.35                             | \$2.10                     | \$0.00                        | \$0.00      | \$719.08              | \$784.52  | \$1,569.04 | \$1,514.12         | \$2,204.50 | 9.5%                           | 9.5%                           | 9.5%                        | 9.5%                           |      |
| FRVT-HMO-GA2-001-S (2020)  | HyHMO        | Gold         | Standard               | On Exchange     | A/I/A/N                            | 0.782                   | 1.072                       | \$547.76            | \$8.52                        | \$42.00                       | \$7.91                             | \$2.10                     | \$0.00                        | \$0.00      | \$608.28              | \$663.63  | \$1,327.26 | \$1,280.81         | \$1,864.80 | 9.1%                           | 9.1%                           | 9.1%                        | 9.1%                           |      |
| FRVT-HMO-GA2-002-N (2020)  | HyHMO        | Gold         | Non-Standard           | On Exchange     | A/I/A/N                            | 0.809                   | 1.088                       | \$575.66            | \$8.93                        | \$42.00                       | \$8.29                             | \$2.10                     | \$0.88                        | \$0.00      | \$637.86              | \$695.91  | \$1,391.82 | \$1,343.11         | \$1,955.51 | 11.6%                          | 11.6%                          | 11.6%                       | 11.6%                          |      |
| FRVT-HMOH-GA2-003-N (2020) | HDHMO        | Gold         | Non-Standard           | On Exchange     | A/I/A/N                            | 0.769                   | 1.066                       | \$536.34            | \$8.36                        | \$42.00                       | \$7.77                             | \$2.10                     | \$0.88                        | \$0.00      | \$597.45              | \$651.82  | \$1,303.64 | \$1,258.01         | \$1,831.61 | 11.7%                          | 11.7%                          | 11.7%                       | 11.7%                          |      |
| FRVT-HMO-SA2-003-S (2020)  | HyHMO        | Silver       | Standard               | On Exchange     | A/I/A/N                            | 0.706                   | 1.033                       | \$477.36            | \$8.66                        | \$42.00                       | \$8.05                             | \$2.10                     | \$0.00                        | \$0.00      | \$80.72               | \$618.90  | \$675.22   | \$1,350.44         | \$1,303.17 | \$1,897.37                     | 5.7%                           | 5.7%                        | 5.7%                           | 5.7% |
| FRVT-HMOH-SA2-004-S (2020) | HDHMO        | Silver       | Standard               | On Exchange     | A/I/A/N                            | 0.693                   | 1.026                       | \$465.32            | \$8.49                        | \$42.00                       | \$7.88                             | \$2.10                     | \$0.00                        | \$0.00      | \$80.72               | \$606.51  | \$661.70   | \$1,323.40         | \$1,277.08 | \$1,859.38                     | 6.4%                           | 6.4%                        | 6.4%                           | 6.4% |
| FRVT-HMOH-SA2-002-N (2020) | HDHMO        | Silver       | Non-Standard           | On Exchange     | A/I/A/N                            | 0.702                   | 1.031                       | \$473.56            | \$8.62                        | \$42.00                       | \$8.01                             | \$2.10                     | \$0.88                        | \$0.00      | \$80.72               | \$615.89  | \$671.94   | \$1,343.88         | \$1,296.84 | \$1,888.15                     | 7.7%                           | 7.7%                        | 7.7%                           | 7.7% |
| FRVT-HMO-SA2-001-N (2020)  | HyHMO        | Silver       | Non-Standard           | On Exchange     | A/I/A/N                            | 0.673                   | 1.021                       | \$449.46            | \$8.28                        | \$42.00                       | \$7.68                             | \$2.10                     | \$0.88                        | \$0.00      | \$80.72               | \$591.12  | \$644.91   | \$1,289.82         | \$1,244.68 | \$1,812.20                     | 7.9%                           | 7.9%                        | 7.9%                           | 7.9% |
| FRVT-HMO-BA2-002-S (2020)  | HyHMO        | Bronze       | Standard               | On Exchange     | A/I/A/N                            | 0.582                   | 1.000                       | \$380.62            | \$6.11                        | \$42.00                       | \$5.67                             | \$2.10                     | \$0.00                        | \$0.00      | \$436.50              | \$476.22  | \$952.44   | \$919.10           | \$1,338.18 | 11.8%                          | 11.8%                          | 11.8%                       | 11.8%                          |      |
| FRVT-HMOH-BA2-003-S (2020) | HDHMO        | Bronze       | Standard               | On Exchange     | A/I/A/N                            | 0.601                   | 1.000                       | \$392.91            | \$6.29                        | \$42.00                       | \$5.84                             | \$2.10                     | \$0.00                        | \$0.00      | \$449.14              | \$490.01  | \$980.02   | \$945.72           | \$1,376.93 | 12.3%                          | 12.3%                          | 12.3%                       | 12.3%                          |      |
| FRVT-HMO-BA2-004-S (2020)  | HyHMO        | Bronze       | Standard               | On Exchange     | A/I/A/N                            | 0.661                   | 1.017                       | \$439.95            | \$6.96                        | \$42.00                       | \$6.47                             | \$2.10                     | \$0.00                        | \$0.00      | \$497.48              | \$542.75  | \$1,085.50 | \$1,047.51         | \$1,525.13 | 11.8%                          | 11.8%                          | 11.8%                       | 11.8%                          |      |
| FRVT-HMO-BA2-005-N (2020)  | HyHMO        | Bronze       | Non-Standard           | On Exchange     | A/I/A/N                            | 0.613                   | 1.003                       | \$401.90            | \$6.43                        | \$42.00                       | \$5.97                             | \$2.10                     | \$0.88                        | \$0.00      | \$459.28              | \$501.07  | \$1,002.14 | \$967.07           | \$1,408.01 | 13.6%                          | 13.6%                          | 13.6%                       | 13.6%                          |      |
| FRVT-HMO-BA2-001-N (2020)  | HyHMO        | Bronze       | Non-Standard           | On Exchange     | A/I/A/N                            | 0.580                   | 1.000                       | \$379.50            | \$6.11                        | \$42.00                       | \$5.67                             | \$2.10                     | \$0.88                        | \$0.00      | \$436.26              | \$475.96  | \$951.92   | \$918.60           | \$1,337.45 | 11.2%                          | 11.2%                          | 11.2%                       | 11.2%                          |      |
| FRVT-HMO-PA1-001-N (2020)  | HyHMO        | Platinum     | Standard               | On Exchange     | A/I/A/N                            | 0.881                   | 1.138                       | \$655.56            | \$10.07                       | \$42.00                       | \$9.35                             | \$2.10                     | \$                            |             |                       |           |            |                    |            |                                |                                |                             |                                |      |



## Contact Information

### **Company Identifying Information**

|                     |                       |
|---------------------|-----------------------|
| Company Legal Name: | MVP Health Plan, Inc. |
| HIOS Issuer ID:     | 77566                 |
| NAIC Number:        | 95521                 |

### **Primary Contact Information**

|                          |  |
|--------------------------|--|
| Contact Name:            | Eric Bachner, ASA  |
| Contact Title:           | Leader, Actuarial  |
| Primary Contact Phone #: | 1-800-777-4793, ext. 7213  |
| Primary Contact Address: | 625 State Street<br>Schenectady, NY 12301-2207                             |
| Primary Contact E-mail:  | <a href="mailto:ebachner@mvphealthcare.com">ebachner@mvphealthcare.com</a> |

## **ACTUARIAL MEMORANDUM**

### **2020 Vermont Exchange Filing**

#### **General Information**

This memorandum details the methods and assumptions underlying the proposed 2020 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2020 and 12/31/2020. There are no benefit plans being retired and no new base plans being offered. MVP made modifications to a number of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed rates reflect an average rate adjustment to prior rates of 9.4%, ranging from 5.0% to 23.7%.

#### **Drivers of Rate Increase**

The proposed premium rates reflect an increase over the prior rates due to single risk pool experience which is more adverse than assumed in the current rates, medical and pharmacy cost and utilization inflation, the removal of healthier members from the single risk pool due to Association Health Plans, the re-introduction of the federal Health Insurer Tax, and an increase to the administrative expense assumption. Premium rate increases are varying by plan due to benefit modifications of a number of benefits being offered as well as the impact of fixed PMPM non-claim costs on premiums that vary based on benefit level.

#### **Market/Benefits**

All benefit plans and rates included in this rate filing are available to both individuals and small employer groups with the exception of the Catastrophic plan (FRVT-HMO-C-001-N (2020)). The Catastrophic plan is only available to individuals that meet a specific set of qualifications per Federal ACA rules. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit, and the experience period data reflects this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT366.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 11,696 policyholders, 20,156 subscribers and 30,887 members based on February 2019 membership. This includes 458 members who are currently enrolled in MVP's Small Group Grandfathered block of business, but will have migrated to this block by 2020.

#### **Experience Period Premium and Claims (Worksheet 1, Section 1 of Unified Rate Review Template)**

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. And MVP Health Insurance Company Small Group and Individual data for Vermont members over the time period 1/1/2018 – 12/31/2018, completed through 3/31/2019. MVP included all data for ACA-compliant small group and individual members and any transitional data for groups that have either already transitioned or will transition into ACA-compliant plans by the rating period, satisfying the single risk pool requirements of 45 CFR Part 156.

MVP does not project to rebate consumers for 2018 dates of service, and therefore no adjustments were made to the earned premium amount reflected on Worksheet 1, Section 1 of the Unified Rate Review Template. The earned premium shown reflects the amount of premium MVP collected from groups and individuals over the experience period.

Allowed claim data includes claims from our fee for service (FFS) claim warehouses (medical and pharmacy) along with additional medical expenses not captured in the claim warehouse such as: payments associated with medical home, physician incentive payments, FFS write-offs and net reinsurance expenses.

An allowance for incurred but not reported paid claims (IBNR) was added to the experience period fee-for-service (FFS) medical claims. IBNR files were supplied directly from MVP’s reserving actuary. MVP uses a combination PMPM and completion factor method to develop IBNR estimates, and Vermont specific data for the experience period was used to develop the factors. The fee-for-service experience period claims were reconciled with the IBNR lag triangles to ensure accuracy.

A summary of experience period claims processed through MVP’s claim system, experience period costs not processed through MVP’s claims system, as well as an estimate of IBNR are summarized below for the claims shown in Worksheet I, Section I of the URRT.

|   | <b>Allowed</b>       | <b>Incurred</b>      |
|---|----------------------|----------------------|
| Claims Processed Through Claim System                       | \$144,978,194        | \$117,078,980        |
| Experience Period Costs Not Processed Through Claims System | \$3,175,004          | \$2,761,070          |
| IBNR  | \$3,061,260          | \$2,467,951          |
| <b>Total</b>  | <b>\$151,214,458</b> | <b>\$122,308,001</b> |

**Benefit Categories (Worksheet 1, Section 2 of Unified Rate Review Template)**

MVP determines benefit category based on the type of claim form submitted in conjunction with the code and type of code attached to the claim form (i.e. ICD-9, ICD-10, Diagnosis Code, or HCPCS). The “Other” category includes pediatric dental claims. The “Capitation” category includes capitated payments as well as all other claims not processed through MVP’s claim warehouses.

**Medical Trend Factors**

The assumed unit cost trends reflect known and assumed price increases from MVP’s provider network, weighted by benefit category. The Capitation unit cost trend reflects the expected change between the capitated and non-FFS claim expense between the experience period and the projection period.

MVP analyzed historical utilization patterns for the ACA-compliant business to determine whether there has been a utilization trend pattern in the recent past. Because of the rapid membership growth in this block in the past several years, the utilization trends produced by the model were not considered credible. Therefore, MVP is assuming 0% utilization trend for all medical benefit categories in this filing.

**Rx Trend Factors**

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are provided by MVP’s PBM and were determined using MVP specific data over the experience period by drug class. The forecast provided by MVP’s PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers.

**Credibility Manual Rate Development (Worksheet 1, Section 2 of Unified Rate Review Template)**

MVP is assuming that the single risk pool membership base of 318,302 member months in the experience period is fully credible for rating purposes. Therefore, the applied credibility percentage is 100.00% (0.00% weight on credibility manual).

**Projection Factors (Worksheet 1, Section 2 of Unified Rate Review Template)**

*Morbidity Adjustment- Impact of Pooling High Cost Claimants*

As part of its rate filing process, MVP removes the claim expense (net of reinsurance) above \$100,000 for members who reach that threshold on an annual basis. Those claims are replaced by the average of the annual cost of claims exceeding \$100,000 relative to claims less than \$100,000 for the eligible population for rolling 12-month time periods ending between December 2016 and December 2018.

Please see the following table for the high cost claim percentage by year. Note that while MVP actually used all of the rolling 12-month time periods during this time frame to compute the pooling charge, annual percentages are shown for simplicity:

| <b>Time Period</b> | <b>High Cost Claim %</b> |
|--------------------|--------------------------|
| CY2016             | 16.8%                    |
| CY2017             | 13.6%                    |
| CY2018             | 10.5%                    |
| Average            | 12.5%                    |

The net impact of this factor is an increase to the experience period allowed claim cost of 0.6%.

*Morbidity Adjustment- Impact of Leap Year*

Because the rating period is a leap year and the experience period is not a leap year, the rating period will have one more day than the experience period. Assuming claims are uniformly distributed among all days in the year, MVP is adjusting the experience period allowed expense upward by 0.27% (366 days / 365 days).

*Plan Design Changes- Impact of Pediatric Dental on Small Group Grandfathered*

Pediatric dental was not a covered benefit for the small group grandfathered plan data included in the single risk pool. Therefore, MVP is adjusting the experience period allowed expense for this cohort by the experience period pediatric dental claim cost for the combined small group and individual population. This adjustment is worth \$0.04 PMPM on the single risk pool in total (less than 0.01%).

*Plan Design Changes- Paid to Allowed Ratio Normalization*

The actual paid to allowed ratio during the experience period and the assumed paid to allowed ratio used for pricing differ for two reasons. First, the federal cost sharing reduction (CSR) subsidies are no longer being paid to MVP, which artificially inflates MVP's claim expense relative to the total allowed claim cost. Because of federal rating rules that dictate the pricing of the Silver CSR plans, the experience period paid to allowed ratio is higher than the pricing paid to allowed ratio by 3.5%

Second, the actual paid to allowed ratio (including assumed payments for cost sharing reductions) for the experience period is different than the pricing paid to allowed ratio produced by MVP's internal benefit relativity model. Because MVP prices using net claim expense instead of allowed claims, the allowed claims in the URRT need to be adjusted for the difference in the paid to allowed ratios (1.9%) to develop an equivalent Market Adjusted Index Rate. The total of this two-part adjustment is 5.4%.

*Other- Impact of National High Cost Reinsurance Pool (HCRP)*

In the 2018, 2019 and 2020 Notice of Benefit and Payment Parameters issued by HHS, carriers will be compensated 60% for members’ paid claims above \$1 million in a given plan year. The total reinsurance received across all states will be aggregated and compared to the national average premium PMPM to determine a percentage of premium charged to each issuer to fund the program. Based on additional guidance provided, Vermont’s merged market will be considered in the individual market for purposes of the pool.

Based on a national study performed by Wakely Consulting Group, the estimate of the load charged to individual issuers in 2020 will be 0.24%. MVP has not had any claimants above \$1 million in this block of business since 2014 and does not anticipate any claimants for the rating period, so the net load for MVP would be a 0.24% increase to the allowed claim cost.

*Other- Impact of Association Health Plans on Market Morbidity*

On June 19, 2018, the federal Department of Labor published guidance allowing small groups to band together to purchase coverage as if they were one larger group (provided they are banding based on geography or industry). The Vermont Department of Financial Regulation established a market and rules for these Association Health Plans (AHPs) under Rule I-2018-01.

Based on January 2019 enrollment data provided by DVHA, there were 4,869 fewer members in small group plans as compared to January 2018. The appeal of AHPs is that healthier small groups can attain premium savings by banding together, which will result in a deterioration of the morbidity of the remaining small group block.

To verify this hypothesis, MVP broke its 2018 small group population into 2 subsets: those that are in groups still active with MVP in the small group market in 2019 and those in groups no longer active. Because MVP does not have detailed information on *where* the groups that left have gone, our assumption is that all of the groups who left migrated to the AHP market since MVP’s competitive premium position in 2019 did not change. Based on allowed claims PMPM, the groups that are no longer active are 7.1% less expensive than the 2018 merged market population in total.

| <b>Population Segment</b>      | <b>2018 Member Months</b> | <b>2018 Med + Rx Allowed PMPM</b> |
|--------------------------------|---------------------------|-----------------------------------|
| Small Groups, No Longer Active | 14,116                    | \$428.73                          |
| Small Groups, Still Active     | 158,642                   | \$468.30                          |
| Individual, Total              | 130,575                   | \$456.93                          |
| Merged Market, Total           | 303,333                   | \$461.57                          |

In order to make an assessment about the change in population morbidity market-wide (as opposed to MVP specifically), MVP made the assumption that this relationship holds true for MVP’s competitor as well. MVP assumed that the 4,869 members leaving the market in 2019 were 7.1% less expensive. MVP then solved for the “market morbidity” factor after removing these members from the population.

|  |
|--|
| <b>Derivation of Association Health Plan Morbidity Impact, 2018 - 2019</b> |
|--|

|   |        |   |
|---|--------|---|
| a) Merged Market Members, January 2018            | 79,652 |   |
| b) Morbidity Factor, 2018 Merged Market           | 1.000  |   |
| c) SG AHP Members, January 2019                   | 4,869  |   |
| d) Morbidity Factor, SG AHP Members               | 0.929  |   |
| e) Estimated Morbidity Factor, 2019 Merged Market | 1.005  | = [ a ) * b ) - c ) * d ) ] / [ a ) - c ) ] |

As these healthy groups are removed from the population and market claim costs increase, more groups will find the premium savings appealing and MVP is assuming that the same number of members will exit the market in 2020 and that those members will have the same relative morbidity.

|  |
|--|
| <b>Derivation of Association Health Plan Morbidity Impact, 2019 - 2020</b> |
|--|

|   |        |   |
|---|--------|---|
| a) Merged Market Members, January 2019            | 75,037 |   |
| b) Morbidity Factor, 2019 Merged Market           | 1.005  |   |
| c) Estimated SG AHP Members, January 2020         | 4,869  |   |
| d) Morbidity Factor, SG AHP Members               | 0.929  |   |
| e) Estimated Morbidity Factor, 2020 Merged Market | 1.010  | = [ a ) * b ) - c ) * d ) ] / [ a ) - c ) ] |

Therefore, MVP is assuming a 1.0% increase to market-wide average morbidity due to Association Health Plans from the experience period to the rating period.

*Other- Impact of Changes to Pharmacy Rebates*

MVP has quantified the impact of changes to its pharmacy rebate contracts from the experience period to the rating period. Because the trend in pharmacy rebates is lower than the trend in allowed pharmacy claims, the allowed trend net of rebates is slightly higher than the allowed pharmacy trend. This adjustment is worth approximately 0.05% of the total EHB Allowed Claims PMPM.

**Reinsurance (Worksheet 1, Section 2)**

MVP is reflecting \$0.00 PMPM in reinsurance recoveries during the projection period. MVP did not have any members hit the MVP corporate or national HCRP thresholds in 2018, and does not expect to have any hit them in 2020.

**Federal Risk Adjustment Program (Worksheet 1, Section 2)**

Based on the Interim Risk Transfer results for 2018 provided by CMS, MVP is expected to pay \$16,331,243 into the merged market transfer pool for 2018. This is \$53.84 on a PMPM basis or approximately 14.6% of experience period claims prior to market-wide adjustments.

MVP analyzed the impact of adding the small group grandfathered membership to both MVP’s membership as well as the market in total. First, MVP compared the small group grandfathered population’s risk score to the current population. Because the grandfathered were not run through the CMS HCC grouper, MVP used ACG concurrent risk scores for 2018 to compare the two populations. An assumed CMS HCC risk score for the grandfathered population was calculated as ( MVP merged market HCC risk score ) \* ( grandfathered ACG risk score ) / ( MVP merged market ACG risk score ).

Both the numerator and denominator of the federal risk adjustment formula were re-cast including the grandfathered business. The members did not have a material impact on the denominator (market in total), but did increase the numerator (MVP's data) on both the left and right side. Because both sides increased at the same rate, however, it did not materially affect MVP's relative risk position. Therefore, we are assuming that the grandfathered population would pay into risk adjustment at the same PMPM level as the entire block currently does.

The URRT instructions state that the projected risk adjustment PMPM on Worksheet 1 is to be calculated on an allowed basis. Therefore, MVP has taken the projected risk adjustment PMPM on a net basis and divided by the projection period paid to allowed ratio to come up with the value shown (\$82.14 PMPM).

### **Exchange User Fees (Worksheet 1, Section 2)**

Vermont's Exchange is not a Federally-Facilitated Exchange, therefore 0.00% of premium is built in to account for user fees during the projection period.

### **Market-Wide Adjusted Index Rate**

The experience period index rate of \$475.06 is equal to the single risk pool allowed claim data for the time period, 1/1/2018 – 12/31/2018, completed through 3/31/2019. The single risk pool projection period index rate is \$562.74. These amounts reflect the cost of EHBs over the applicable time periods. The projection period index rate reflects the market-wide adjustments discussed above in the section labeled, "Projection Factors".

The actual market adjusted index rate for the projection period equals \$644.40. However, due to the rounding of factors present in the URRT, the value in the file reflects \$644.88. This value was computed by adjusting the projection period index rate for the federal risk adjustment program, reinsurance and marketplace user fees. Please see above for details on the computation of the projected value of the risk adjustment program. The market adjusted index rate reflects the average demographic characteristics of the single risk pool.

### **Actuarial Values and Cost Sharing Design of Plan (Worksheet 2, Section 3)**

The AV Metal Level for each plan was determined using the Federally-prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard Gold 3, and non-Standard Silver 2 plans. The actuarial certification of these adjustments has been included.

The Benefit Actuarial Value for each plan was determined using MVP's in house benefit pricing tools. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design. MVP did not reflect any induced utilization in the projection of the net paid amounts for each unique benefit plan.

The induced utilization factors used to set premium rates and compute the average inforce induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum.

This field also includes the adjustment for Silver loading made to on-Exchange Silver plans. The load of \$80.39 PMPM has been converted to a percentage of the net claim cost and the total adjustment made is the product of the three values (AV, induced demand, and silver loading).

### **Provider Network Adjustment (Worksheet 2, Section 3)**

MVP only offers one provider network for its Vermont plans, therefore, no plan-level adjustment is necessary.

### **Benefits in Addition to EHB (Worksheet 2, Section 3)**

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT366). This benefit provides subscribers with up to \$600 in wellness rewards per year, subject to certain guidelines. MVP projects the net cost of this benefit to equal \$0.88 PMPM, which is converted to a percentage of the net claim cost and applied to the non-Standard plans only.

### **Catastrophic Plan Adjustment (Worksheet 2, Section 3)**

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan.

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.636.

| <b>Catastrophic Plan Level Adjustment</b>    |                       |
|--|-----------------------|
|  | <b>HHS Age Factor</b> |
| Ages 0-29, Meeting Subscriber Qualifications | 1.048                 |
| Single Risk Pool Total                       | 1.647                 |
| <hr/>  |                       |
| Catastrophic Adjustment                      | 0.636                 |

### **Non Claim Expense Plan Level Adjustments**

Non claim expenses include both percent of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non Standard plan is being loaded with the same PMPM and Percent of Premium loads. The loads are outlined below and summarized in Exhibit 5.

#### *Federal Taxes PMPM based*

A total of \$0.17 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of the risk adjustment user fee levied by the Department of Health and Human Services. This reflects an increase of \$0.03 PMPM from the prior filing and is based on information provided in CMS' National Benefit and Payment Parameters for 2020. The charge is \$0.18 per billable member per month, and so the amount added to premium rates is the \$0.18 times MVP's ratio of billable to actual member months in the experience period (0.946).

#### *State Taxes PMPM Based*

\$1.93 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by state agencies and other non-profit organizations on MVP's behalf, including the Green Mountain Care Board, the Vermont Program for Quality in Health Care, Inc. and the Office of the Health Care Advocate. MVP's total liability (MVPHP plus MVPHIC) for Fiscal Year 2019 is \$351,394. Due to MVP's rapid membership growth from 2017 to 2019 as well as changes to funding mechanisms for each of the programs, MVP is estimating its combined liability for 2020 to be \$758,553. This is spread across MVP's entire Vermont membership as of February 2019 to calculate the estimated PMPM payment.

#### *Federal Taxes Premium based*

Based on current Federal regulations, the ACA Health Insurer Tax will be reinstated for 2020. MVP has calculated its estimated payment for 2020 and found it to be 1.0% of premium for MVPHP.

#### *State Taxes Premium based – VT Vaccine Assessment*

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$4.54 per covered child and \$0.56 covered adult for January to March 2020, followed by an estimate of \$10.07 per covered child and \$1.02 per covered adult thereafter. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs are \$0.98 for the first quarter of 2020 followed by \$1.97 PMPM for the final three quarters. MVP blended those two PMPMs together by applying 25% weight to the first quarter and 75% weight to the final three quarters. This blended PMPM was then compared to the projection period premium PMPM before the assessment load (\$555.07) to convert the assessment to a percent of premium load of 0.30%.

#### *General Administrative Expense Load (Including QI component)*

The total administrative expense load included as a plan level adjustment equals \$42.00 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's 2018 Supplemental Health Care Exhibit (SHCE) expenses, approximately 6% of MVP's total administrative expense was spent on QI. Therefore, \$2.52 PMPM of the \$42.00 PMPM administrative expense is attributable to QI.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2016, 2017, and 2018 SHCEs.

| <b>Combined VT<br/>AR42 and AR44</b> | <b>Year</b> | <b>SHCE Admin<br/>PMPM*</b> |
|--------------------------------------|-------------|-----------------------------|
| Individual                           | 2016        | \$43.81                     |
| Small Group                          | 2016        | \$38.07                     |
| Combined                             | 2016        | \$40.51                     |
| Individual                           | 2017        | \$38.54                     |
| Small Group                          | 2017        | \$40.72                     |
| Combined                             | 2017        | \$39.59                     |
| Individual                           | 2018        | \$42.78                     |
| Small Group                          | 2018        | \$39.29                     |
| Combined                             | 2018        | \$40.72                     |

*\*Reflects lines 1.07, 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1*

#### *Profit/Risk Load*

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2020. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions. A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk.

#### **Age/Geographic/Tobacco Calibration (Worksheet 2, Section 3)**

Per Vermont rating rules, variation in rates due to tobacco and age are not allowed. Therefore, all calibration factors are 1. Additionally, there is only 1 rating region in Vermont, so the geography calibration is also 1.

#### **Consumer Adjusted Premium Rates**

The Calibrated Plan Adjusted Index Rate PMPMs are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios. Please note that due to the rounding present in the URRT template, actual Plan Adjusted Index Rate PMPMs may vary from the URRT to the actual rates as filed.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2019. The SCF = weighted average contract size/ weighted average load ratio.

### **Projection Period Membership**

MVP's projection period membership equals the February 2019 enrollment of the population eligible to purchase these products, or 30,887 members. On Worksheet 2 of the URRT, members are mapped based on their February 2019 benefit to the same benefits for 2019 with the exception of members currently enrolled in small group grandfathered plans. Members from grandfathered benefit VT3HDH19EXSE are mapped to Non-Standard Silver 2 Reflective plan, and the rest of the members are mapped to the Non-Standard Gold 3 plan. These were chosen based on the Exchange QHDHP that is most similar in benefit to the current benefit design.

### **Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 88.6%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 90.6%. Please see the following table for a calculation of these loss ratios based on MVP's projected starting claim cost in 2020:

| <b>Target Loss Ratio for 2020 VT Exchange</b>    |          |
|--|----------|
| A) Claims Expense                                | \$479.42 |
| B) Taxes/Assessments                             | \$9.13   |
| C) Quality Improvement                           | \$2.52   |
| D) Premium                                       | \$540.83 |
| <hr/>  |          |
| E) Traditional Loss Ratio<br>= A) / D)           | 88.6%    |
| F) Federal Loss Ratio<br>= [A) + C]) / [D) - B]) | 90.6%    |

### **Actuarial Certification**

I, Matthew Lombardo, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be show in Worksheet 2 of the Part I Unified Rate Review template for all the plans. The EHB portion of premium reflected in Worksheet 2, Sections 3 and 4 was calculated in accordance with actuarial standards of practice.

The URRT does not demonstrate the process that was used to develop premium rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases and for certification that the Index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.



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Matthew Lombardo, FSA, MAAA  
Senior Leader, Actuarial Services  
MVP Health Care, Inc.

5/9/2019

Date



## Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2020 ACA Exchange Rate Filing

MVP Health Plan, Inc. is a non-profit health care payer operating in Vermont and New York. MVP's mission is to provide high quality and affordable health care with a focus on wellness to our members.

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2020 Exchange rates for effective dates of coverage between January 1, 2020 and December 31, 2020.

The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates, however, premium rates generally increase over time.

Changes in the filed premium rates (relative to previously approved rates) are driven by many factors, including:

***Increases in base period experience.*** MVP had to make an assumption about the cost of providing services in 2019 during its last rate filing. With updated information, MVP now knows that estimate was about 2.1% deficient. Therefore, premium rates are increasing by **2.1%** to account for updated information.

***Increases in hospital and physician required charges for medical care.*** The cost of medical services is expected to rise from 2019 to 2020 by 4.8%. This is increasing the premium rate by approximately **4.2%**.

***Increases in the number and prices of prescription drugs.*** Due to increases in the number of drugs utilized as well as price increases on individual drugs, we expect pharmacy costs to rise by 9.6% from 2019 to 2020. This is increasing the premium rate by approximately **1.2%**.

***Expansion in services covered under the benefit.*** This includes a revamped wellness benefit for non-Standard plans to encourage healthy behaviors, as well as new prescription drugs covered before the deductible on Qualified High Deductible Health Plans. These are increasing the premium rate by approximately **0.1%**.

***Exit of healthier individuals from the risk pool as the cost of insurance increases.*** As healthier small groups have been able to band together to purchase insurance as Association Health Plans, the cost to cover the members remaining in the risk pool has increased. This is increasing the premium rate by approximately **1.0%**.

***Updated information about the population in 2020.*** MVP made assumptions about the impact that policy duration and the repeal of the individual mandate penalty would have on the premium rates of the previous filing. Those assumptions have been removed, decreasing the premium rate by approximately **-2.3%**.

***Impact of the Leap Year in 2020.*** MVP is increasing rates by approximately **0.3%** to account for 2020 being a leap year (and having an additional day).

**Impact of the Federal Risk Adjustment Program.** The federal risk adjustment program seeks to “level the playing field” among insurers by levying those with lower-risk members and reimbursing the insurers with higher risk members. MVP has enrolled an increasing share of lower-risk members, therefore it is required to pay more into the program. This is increasing premium rates by approximately **3.7%**. An additional program was added to reimburse insurers with exceptionally high-cost members which is adding an additional **0.2%**.

**Impact of the Federal Government Defunding the CSR Subsidy Program.** In 2017, the federal government stopped payment to insurers under their cost sharing reduction (CSR) subsidy program. The 2019 premium rates were increased to account for this shortfall. However, MVP has updated information which reduces the amount needed to pay for the program. This is decreasing premium rates by approximately **-0.7%**.

**Fees and assessments charged by the government to insurers.** A re-introduction of the Federal Insurer Tax for 2020 is increasing premium rates by **1.0%**. Additionally, increases to fees levied by the State of Vermont are increasing rates by approximately **0.4%**.

**Increases in the cost of doing business.** As the cost of doing business rises over time, MVP must increase the amount of administrative expenses built into premium rates. Because the cost of medical and pharmacy services is rising faster than MVP’s administrative costs, however, the amount of premium dollar spent on administrative expenses is lower. This decrease is worth approximately **-0.2%** of premium.

**Impact of Changes in Benefits.** MVP has changed plan benefits on most plans from 2019 to 2020. Additionally, members have purchased different products in 2019 than 2018. The two are combining to drive down the rate increase by approximately **-1.8%**.

The proposed rates reflect an average rate adjustment to prior rates of 9.4%, ranging from 5.0% to 23.7%. The 23.7% increase represents one plan where the benefits were increased significantly from last year. Absent that plan, the range of rate increases is 5.0% to 12.7%. Increases for subscribers receiving Advanced Premium Tax Credits will vary based on income. There are 11,696 policyholders, 20,156 subscribers and 30,887 members impacted by this rate filing.

**Certification of Compliance**

I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Vermont.

**Print Name:** Karla Austen **Title:** Chief Financial Officer & Executive Vice President

**Signature:** 

**Date:** 05/10/2019

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.  
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.  
 To validate, select the Validate button or Ctrl + Shift + I.  
 To finalize, select the Finalize button or Ctrl + Shift + F.

Company Legal Name: MVP Health Plan, Inc. State: VT  
 HIOS Issuer ID: 77566 Market: Combined  
 Effective Date of Rate Change(s): 1/1/2020

**Market Level Calculations (Same for all Plans)**

**Section I: Experience Period Data**

|                                      |                  |    |            |          |
|--------------------------------------|------------------|----|------------|----------|
| Experience Period:                   | 1/1/2018         | to | 12/31/2018 | PMPM     |
| Total                                |                  |    |            |          |
| Allowed Claims                       | \$151,214,457.54 |    |            | \$475.07 |
| Reinsurance                          | \$0.00           |    |            | \$0.00   |
| Incurred Claims in Experience Period | \$122,308,051.64 |    |            | \$384.25 |
| Risk Adjustment                      | -\$15,928,707.02 |    |            | -\$50.04 |
| Experience Period Premium            | \$149,200,645.80 |    |            | \$468.74 |
| Experience Period Member Months      | 315,821          |    |            |          |

**Section II: Projections**

| Benefit Category    | Experience Period Index Rate PMPM | Year 1 Trend |             | Year 2 Trend |             | Trended EHB Allowed Claims PMPM |
|---------------------|-----------------------------------|--------------|-------------|--------------|-------------|---------------------------------|
|                     |                                   | Cost         | Utilization | Cost         | Utilization |                                 |
| Inpatient Hospital  | \$72.27                           | 1.050        | 1.010       | 1.062        | 1.030       | \$82.21                         |
| Outpatient Hospital | \$197.03                          | 1.040        | 1.010       | 1.049        | 1.030       | \$219.27                        |
| Professional        | \$127.88                          | 1.022        | 1.010       | 1.015        | 1.030       | \$134.47                        |
| Other Medical       | \$1.94                            | 1.060        | 1.010       | 1.030        | 1.030       | \$8.57                          |
| Capitation          | \$9.97                            | 1.148        | 1.000       | 1.148        | 1.000       | \$13.14                         |
| Prescription Drug   | \$66.29                           | 1.059        | 1.022       | 1.059        | 1.022       | \$72.44                         |
| Total               | \$475.05                          |              |             |              |             | \$528.87                        |

|   |          |
|---|----------|
| Morbidity Adjustment                                  | 1.009    |
| Demographic Shift                                     | 1.000    |
| Plan Design Changes                                   | 1.054    |
| Other   | 1.003    |
| Adjusted Trended EHB Allowed Claims PMPM for 1/1/2020 | \$564.13 |
| Manual EHB Allowed Claims PMPM                        | \$0.00   |
| Applied Credibility %                                 | 100.00%  |

**Projected Period Totals**

|                                   |          |                  |
|-----------------------------------|----------|------------------|
| Projected Index Rate for 1/1/2020 | \$564.13 | \$209,091,399.72 |
| Reinsurance                       | \$0.00   | \$0.00           |
| Risk Adjustment Payment/Charge    | -\$90.01 | -\$33,361,666.44 |
| Exchange User Fees                | 0.00%    | \$0.00           |
| Market Adjusted Index Rate        | \$654.14 | \$242,453,866.16 |
| Projected Member Months           | 370,644  |                  |

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.



|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|
| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AD | AE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|



## Rating Area Data Collection

*Specify the total number of Rating  
Select only the Rating Areas you ar  
To validate, select the Validate but  
To finalize, select the Finalize butt*

| Rating Area   | Rating Factor |
|---------------|---------------|
| Rating Area 1 | 1.0000        |

*Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.  
re offering plans within and add a factor for each area.  
tton or Ctrl + Shift + I.  
on or Ctrl + Shift + F.*



625 State Street, PO Box 2207  
Schenectady, NY 12301-2207  
[mvphhealthcare.com](http://mvphhealthcare.com)

May 23, 2019

Mr. Josh Hammerquist, FSA, MAAA  
Lewis & Ellis, Inc.  
P.O. Box 851857  
Richardson, TX 75085

Re: 2020 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-131934219

Dear Mr. Hammerquist:

This letter is in response to your correspondence received 05/16/19 regarding the above mentioned rate filing. The responses to your questions are provided below.

*1. Please provide detailed quantitative and qualitative support for the medical unit cost trend assumption separately for Vermont providers that are governed by the GMCB and all other providers. The support for the providers governed by the GMCB should reconcile to the most recently approved budget changes and include an explanation and support for any differences. The support for all other providers should include the data and any adjustments that were made to the data to determine the best estimate of unit cost changes.*

Response: This response is confidential and will be provided under separate cover.

*2. Please provide detailed quantitative and qualitative analysis of the historical utilization trends, including any adjustments to the data.*

Response: This response is confidential and will be provided under separate cover.

If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Leader, Actuarial, Commercial/Government Programs  
MVP Health Care

# Fiscal Year 2019 Vermont Hospital Budget Submissions

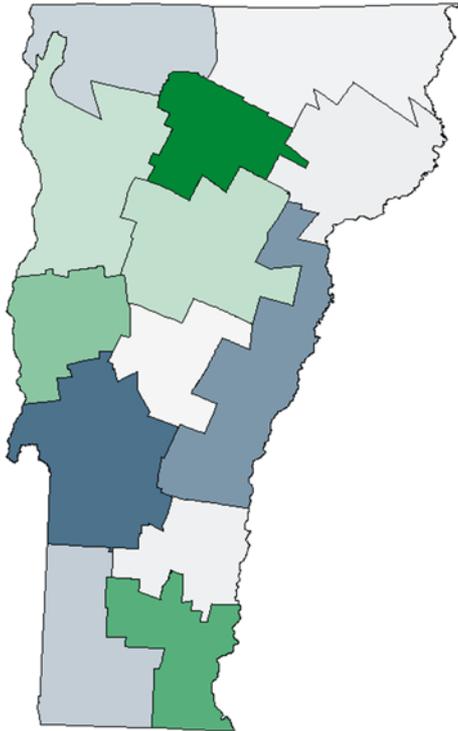
## Approved

Green Mountain Care Board Meeting

September 12, 2018

GMCB Hospital Budget Team

Updated September 18, 2018



# Vermont Hospitals

## FY2019 Budgets, Net Patient Revenue Change

| Hospital                                  | FY2018<br>Budget<br>Approved NPR<br>(with rebase) | GMCB<br>Approved<br>Budget<br>Adjustments | FY2018<br>Budget Base<br>Including<br>Adjustments | FY2019<br>Submitted<br>Budget | FY2019<br>Approved<br>Budget | FY2018 Base to FY2019 |             |
|---|---|---|---|-------------------------------|------------------------------|-----------------------|-------------|
|   |   |   |   |                               |                              | \$ Change             | % Change    |
| Brattleboro Memorial Hospital             | \$ 78,879,433                                     | \$ 1,323,198                              | \$ 80,202,631                                     | \$ 83,968,150                 | \$ 82,769,115                | \$ 2,566,484          | 3.2%        |
| Central Vermont Medical Center            | \$ 198,452,560                                    | \$ 2,914,936                              | \$ 201,367,496                                    | \$ 211,387,021                | \$ 211,387,021               | \$ 10,019,525         | 5.0%        |
| Copley Hospital                           | \$ 68,024,531                                     |   | \$ 68,024,531                                     | \$ 72,037,976                 | \$ 70,201,316                | \$ 2,176,785          | 3.2%        |
| Gifford Medical Center                    | \$ 59,514,010                                     |   | \$ 59,514,010                                     | \$ 55,894,653                 | \$ 55,894,653                | \$ (3,619,357)        | -6.1%       |
| Grace Cottage Hospital                    | \$ 18,649,074                                     |   | \$ 18,649,074                                     | \$ 19,292,581                 | \$ 19,292,581                | \$ 643,507            | 3.5%        |
| Mt. Ascutney Hospital & Health Center     | \$ 48,682,309                                     |   | \$ 48,682,309                                     | \$ 51,195,770                 | \$ 51,195,770                | \$ 2,513,461          | 5.2%        |
| North Country Hospital                    | \$ 79,074,579                                     |   | \$ 79,074,579                                     | \$ 81,523,350                 | \$ 81,523,350                | \$ 2,448,771          | 3.1%        |
| Northeastern VT Regional Hospital         | \$ 77,077,400                                     | \$ 129,700                                | \$ 77,207,100                                     | \$ 80,938,697                 | \$ 80,527,005                | \$ 3,319,905          | 4.3%        |
| Northwestern Medical Center               | \$ 106,128,223                                    | \$ 3,249,654                              | \$ 109,377,877                                    | \$ 112,773,980                | \$ 112,773,980               | \$ 3,396,103          | 3.2%        |
| Porter Medical Center*                    | \$ 80,862,127                                     | \$ 1,067,391                              | \$ 81,929,518                                     | \$ 84,530,515                 | \$ 84,530,515                | \$ 2,600,996          | 3.2%        |
| Rutland Regional Medical Center           | \$ 250,963,330                                    |   | \$ 250,963,330                                    | \$ 258,925,111                | \$ 258,743,193               | \$ 7,779,863          | 3.1%        |
| Southwestern VT Medical Center            | \$ 159,497,504                                    | \$ 581,310                                | \$ 160,078,814                                    | \$ 165,201,376                | \$ 165,201,376               | \$ 5,122,562          | 3.2%        |
| Springfield Hospital                      | \$ 59,375,198                                     |   | \$ 59,375,198                                     | \$ 59,996,953                 | \$ 59,996,953                | \$ 621,755            | 1.0%        |
| The University of Vermont Medical Center* | \$ 1,252,297,020                                  | \$ 7,919,705                              | \$ 1,260,216,725                                  | \$ 1,273,460,046              | \$ 1,273,460,046             | \$ 13,243,321         | 1.1%        |
| <b>Total Net Patient Revenue</b>          | <b>\$ 2,537,477,299</b>                           | <b>\$ 17,185,894</b>                      | <b>\$ 2,554,663,193</b>                           | <b>\$ 2,611,126,179</b>       | <b>\$ 2,607,496,875</b>      | <b>\$ 52,833,682</b>  | <b>2.1%</b> |

\*Note: FY2018 Budgets for Porter Medical Center and The University of Vermont Medical Center were rebased for the purpose of calculating the FY2019 Growth NPR Rates.

# Vermont Hospitals

## FY 2015-FY2019, Annual Rate Increase

|   | 2015        |             | 2016        |             | 2017        |             | 2018        |             | 2019        |             |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|   | Submitted   | Approved    |
| Brattleboro Memorial Hospital                       | 2.7%        | 2.7%        | -1.2%       | -1.4%       | 3.5%        | 3.5%        | 8.9%        | 5.7%        | 4.9%        | 3.9%        |
| Central Vermont Medical Center                      | 5.9%        | 5.9%        | 4.7%        | 4.7%        | 3.0%        | 2.45%       | 0.7%        | 0.7%        | 2.8%        | 2.3%        |
| Copley Hospital                                     | 0.0%        | 0.0%        | -3.0%       | -4.0%       | 0.0%        | -3.7%       | 0.0%        | -3.4%       | 7.9%        | 4.5%        |
| Gifford Medical Center                              | 5.6%        | 5.6%        | 5.8%        | 5.8%        | 3.9%        | 3.9%        | 4.0%        | 4.0%        | 4.0%        | 2.75%       |
| Grace Cottage Hospital                              | 5.0%        | 5.0%        | 5.0%        | 5.0%        | 5.0%        | 5.0%        | 5.0%        | 5.0%        | 3.2%        | 3.2%        |
| Mt. Ascutney Hospital & Health Center               | 3.2%        | 3.2%        | 5.7%        | 5.7%        | 4.9%        | 4.9%        | 4.9%        | 4.9%        | 2.9%        | 2.9%        |
| North Country Hospital                              | 8.3%        | 8.3%        | 4.8%        | 4.8%        | 3.5%        | 3.5%        | 5.0%        | 5.0%        | 3.6%        | 3.6%        |
| Northeastern VT Regional Hospital                   | 5.0%        | 5.0%        | 5.2%        | 5.2%        | 3.8%        | 3.8%        | 4.3%        | 3.2%        | 4.0%        | 3.0%        |
| Northwestern Medical Center                         | 6.4%        | 6.4%        | -8.0%       | -8.0%       | 2.9%        | 0.0%        | 6.0%        | 3.5%        | 2.0%        | 2.0%        |
| Porter Medical Center                               | 5.0%        | 5.0%        | 5.3%        | 5.3%        | 3.7%        | 5.3%        | 3.0%        | 3.0%        | 2.8%        | 2.8%        |
| Rutland Regional Medical Center                     | 8.4%        | 8.4%        | 3.7%        | 3.7%        | -5.1%       | -5.1%       | 4.9%        | 4.9%        | 3.0%        | 2.6%        |
| Southwestern VT Medical Center                      | 4.5%        | 4.5%        | 3.8%        | 3.8%        | 3.9%        | 3.4%        | 2.9%        | 2.9%        | 3.2%        | 3.0%        |
| Springfield Hospital                                | 5.5%        | 5.5%        | 2.8%        | 2.8%        | 0.0%        | 0.0%        | 6.5%        | 6.5%        | 5.0%        | 5.0%        |
| The University of Vermont Medical Center            | 7.8%        | 7.8%        | 6.0%        | 6.0%        | 3.0%        | 2.45%       | 0.7%        | 0.7%        | 4.0%        | 2.5%        |
| <b>Estimated Weighted Average For All Hospitals</b> | <b>6.8%</b> | <b>6.8%</b> | <b>4.4%</b> | <b>4.4%</b> | <b>2.2%</b> | <b>1.7%</b> | <b>2.3%</b> | <b>2.0%</b> | <b>3.1%</b> | <b>2.7%</b> |

UVMMC and Porter Medical Center's Rate/Price changes are reported for Commercial Insurers only in this table; the other hospitals' changes are the same for all payers. Estimated Weighted Average for All Hospitals is calculated by factoring in each hospital's proportion of gross revenue to the Rate/Price change.



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June 10, 2019

Mr. Josh Hammerquist, FSA, MAAA  
Lewis & Ellis, Inc.  
P.O. Box 851857  
Richardson, TX 75085

Re: 2020 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-131934219

Dear Mr. Hammerquist:

This letter is in response to your correspondence received 06/03/19 regarding the above-mentioned rate filing. The responses to your questions are provided below.

*1. Reconcile the 13.6% of CY2017 claims that were above \$100,000 with the 11.2% shown in last year's actuarial memorandum.*

Response: Please see the "Question #1" tab of the attached Excel document (Support for L&E Objection 2\_SERFF) for a quantitative derivation of the actual pooling charges for 2017 as of the previous filing and the current filing. The change in the pooling charge is driven by 3 major components:

- 1) The Impact of Claim Run-out on new Claimants above the \$100,000 Pooling Point:** With another 12 months of paid claim information, the number of Individual and Small ACA members above \$100,000 in annual claims has increased from 59 members to 64. Those 5 new claimants collectively have claims above the pooling point of \$728,058.
- 2) The Impact of Claim Run-out existing Claimants above the \$100,000 Pooling Point:** The 59 members reaching the pooling point from the previous filing have seen their claims restate upward by \$198,477, all of which directly flow into the "Claims above \$100,000" bucket.
- 3) The Impact of Claim Run-out on the Claims below the \$100,000 Pooling Point:** MVP's total claims for the 2017 Individual and Small ACA populations have restated downward by \$110,064 from the previous filing to the current filing. However, the claims above the pooling point have increased by \$926,535 (the sum of the two numbers above). Therefore, the total restatement of the claims below the pooling point is \$1,036,599 downward (the total restatement less the restatement of the claims above the pooling point). This has the impact of leveraging the change in the pooling charge upwards due to the decreased denominator of the pooling charge formula.



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With these 3 changes, the pooling charge for the 2017 ACA business has increased from 11.2% to 13.6% from the previous filing to the current one. MVP has also included the Small Group Grandfathered population's historical claim data in the current filing. Because of the relative size of the population (10.3% of the experience period member months) and homogenous distribution of the claimants (13.5% pooling charge for the GF population versus 13.6% for the ACA population), the Grandfathered business does not have a material impact on the restatement of the actual pooling charge for 2017.

*2. Provide quantitative and qualitative support for the total administrative expenses including a projection for individual and small group separately. Please also demonstrate the impact of the increased membership and the grandfathered small groups that will migrate to this block by 2020.*

Response: MVP considers the Exchange population as a combined unit when setting the administrative expenses built into the rate filing. When setting premium rates for all of MVP's blocks of business the contribution to administrative expenses is considered collectively across the enterprise to ensure that in total MVP can cover the anticipated corporate administrative budget for the coverage year. Projections for membership, fully insured premiums, Administrative Services Only (ASO) administrative fees, anticipated administrative funding for the New York State Medicaid Managed Care program and MVP's administrative cost allocation models were all considered to project overall contribution to administrative expenses for 2020 and used to inform pricing assumptions.

While MVP's membership has grown significantly in the Vermont Exchange population, MVP's enterprise-wide membership has declined while costs continue to rise. Please see the table below for a summary of MVP's enterprise-wide over recent time periods. Over the past 15 months, MVP's enterprise-wide membership has declined by 5.2%.

|                                   | <b>Dec 2017</b> | <b>Dec 2018</b> | <b>Mar 2019</b> |
|-----------------------------------|-----------------|-----------------|-----------------|
| MVP Enterprise Wide Members       | 592,228         | 567,663         | 561,520         |
| % Change Compared to Prior Period | n/a             | -4.1%           | -1.1%           |

*3. Provide quantitative and further qualitative support for the Rx trends in Exhibit 2a.*

Response: This response has been deemed confidential and will be provided under separate cover.

*4. Provide quantitative and qualitative support for the leveraged Rx trend.*

Response: The amounts paid under the deductible by members in the experience period are converted to a per script basis. This per script amount is then trended and converted to a projected PMPM as explained in the response to Question #3. The trend factor used for this line item is equivalent to the annualized trend factor for claims under the deductible on the medical side, the derivation of which can be found in the response to Question #5.

*5. Provide quantitative support for the 1.032 trend factor applied to the claims for the deductible in Exhibit 2a.*

Response: This response has been deemed confidential and will be provided under separate cover.



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6. Please quantify the impact of the revised risk adjustment payment based on the analysis of the combined RATEE reports.

Response: Based on the revised risk adjustment results provided by L&E of the combined RATEE reports, MVP would reduce its risk adjustment assumption as a percentage of the "Paid Index Rate PMPM Prior to Adjustments for Federal Programs" (line 30 of Exhibit 3 of the rate filing) from 14.61% to 14.25%. This would reduce the "Paid Index Rate PMPM after Adjustments for Federal Programs" (line 32 of Exhibit 3 of the rate filing) by approximately 0.3% and therefore MVP's requested rate increases by the same amount. Please note that MVP is still awaiting the results of a study designed to model the impacts of the CMS Risk Adjustment coefficient changes from 2018 to 2020, which could potentially have an impact on the risk adjustment assumption built into these rates.

7. Provide the quantitative analysis that was done to determine that the "grandfathered population would pay into risk adjustment at the same PMPM level as the entire block currently does."

Response: Please see the tab "Question #7-8" in the attached Excel file (Support for L&E Objection 2\_SERFF) which provides the quantitative derivation of MVP's risk adjustment assumption, which is described below.

The first step in determining whether the grandfathered population will have a material impact on MVP's risk adjustment position is to compute the relative risk of the grandfathered population compared to the Exchange population. Due to system limitations, MVP could not run the grandfathered members' claims through the CMS HCC grouper. MVP has substituted this with running both the Exchange population and the grandfathered population through the Johns Hopkins ACG System. This model determined that the grandfathered population's risk score was 12.4% higher than the Exchange population, so the grandfathered population's risk score in the CHS HCC model is assumed to be 12.4% higher than the Exchange population (1.188 times 1.124 equals 1.334).

In the CMS Interim Risk Adjustment results received on 3/26/2019, factors were provided for both sides of the risk adjustment equation for both MVP and the market in total. These factors determined that MVP was to pay 11.8% of the statewide average premium PMPM into risk adjustment. Using the information provided by CMS, MVP included the grandfathered population's data into both MVP's and the market's population to determine whether the payment percentage would change.

For the grandfathered business, billable member months and the Allowable Rating Factor (ARF) were calculated consistent with the CMS guidelines. The Plan Level Risk Score (PLRS), as stated previously, was estimated to be 1.334. The Actuarial Value (AV) and Induced Demand Factor (IDF) were both assumed to be for a plan at the Gold level, as MVP assumes about 95% of its grandfathered membership to move into that metal level. The Geographic Cost Factor (GCF) was 1.0, as Vermont has only 1 rate region.

As can be seen in the table in the Excel file labeled "Derivation of MVP's Risk Adjustment Position, Before and After Including the Grandfathered Population, 2018", MVP's relative risk position had a slight change from 11.8% to 11.7% of statewide average premium with the inclusion of the grandfathered population. The addition of the grandfathered population had very little to impact on either side of the equation for the market in total, and it increased both sides of the equation for MVP at the same rate. Said differently, the grandfathered population's risk score is in line with the rest of MVP's population after accounting for the metal level of the plan being purchased.



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Because the relative risk position did not change significantly after adding grandfathered members, MVP assumed the same risk adjustment PMPM payment (\$53.84) for the grandfathered members the Exchange population in 2018.

*8. Reconcile the statement above with the federal risk adjustment program impact on line 31 of Exhibit 3.*

Response: Please see the table "Derivation of 2020 Risk Adjustment Assumption" on tab "Question #7-8" of the attached Excel file (Support for L&E Objection 2\_SERFF) for a quantitative derivation of how MVP converted the 2018 Interim CMS results to an estimated payment in 2020.

As stated in the prior question and displayed in the table, MVP was expected to pay into the risk adjustment pool \$53.84 PMPM for 2018 based on the interim results. Additionally, MVP expects the grandfathered members to have the same level of payment, so the 2018 payment was converted to a percentage of paid claims during the experience period (line 14 of Exhibit 3 of the rate filing) for all 3 populations (both Exchange populations and the grandfathered population). This is done so that as claims are trended forward to 2020, the magnitude of the payment will grow or shrink over time and represent the statewide average premium for 2020.

That risk adjustment payment as a percentage of paid claims (14.6%) is then applied to each cohort separately. This explains both the differing payment assumptions by cohort as well as the difference in total between the payment PMPM in 2018 and the estimated payment in 2020. Note that this percentage is calculated globally and applied individually, so we don't necessarily expect the grandfathered population to pay in more because they have a higher projected claim cost; that is a representation of the global assumption on each cohort.

*9. Provide quantitative and qualitative support for the Benefit Relativity and Induced Demand Reflected in Index Rate in Exhibit 7.*

Response: Please see the tab "Question #9" in the attached Excel document (Support for L&E Objection 2\_SERFF) for a quantitative derivation of the experience period average Benefit Relativity and Induced Demand factor. The relativities for all plans are calculated using the same benefit relativity model that is used to price the 2020 plans, and the induced demand factor is calculated using a similar methodology as the rate filing.

For the small group grandfathered population, MVP included the value of the optional rider covering preventive drugs before the deductible for the members which have purchased the rider.

The average factor is calculated by member-weighting the product of the benefit relativity model actuarial value and induced demand factor, consistent with prior filings.

*10. Provide quantitative support for the PMPM impact of State Taxes separately for the increased membership and the changes to the funding mechanism.*

Response: Please see the tab "Question #10" in the attached Excel file (Support for L&E Objection 2\_SERFF) which provides a quantitative derivation of the three separate pieces making up the billback: the GMCB Assessment, the HCA Assessment and the VPQHC Contract.



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For the HCA and VQPHC assessments, MVP has assumed no growth in the total amounts that were billed in FY2019. For the GMCB assessment, MVP has updated the total amount billed to all parties based on page 21 of the GMCB FY2020 Budget Presentation on February 8, 2019. The presentation can be found at the following link:

<https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Ways%20and%20Means/GMCB/W~Jean%20Stetter~Green%20Mountain%20Care%20Board%20Presentation~2-8-2019.pdf>

Each program has its own unique funding arrangement based on the type of insurance company. However, MVP has combined both MVP Health Insurance Company's run-out data and MVP Health Plan's data for purposes of calculating the assessments to ensure that MVP Health Care is getting back to the correct assessment in total. The assessment for FY2020 will be based on FY2018 earned premium; in the absence of market-wide earned premium, we are using member months to allocate the assessments. MVP is not assuming any membership growth/decline to the market in total; we are simulating MVP's increasing market share and movement of members from MVPHIC to MVPHP.

*11. Provide quantitative support for the calculation of the ACA Health Insurer Tax.*

Response: Please see the tab "Question #11" in the attached Excel document (Support for L&E Objection 2\_SERFF) for a quantitative derivation of MVP Health Care's actual 2018 ACA Health Insurer Tax liability by licensed entity.

Per United States Treasury Regulation § 57.4(a)(3), the Health Insurer Tax for fee years 2019 and forward are equal to "The applicable amount in the preceding fee year increased by the rate of premium growth (within the meaning of section 36B(b)(3)(A)(ii))." Because of this clause, the Tax will remain a consistent percentage of nationwide premium beginning in 2018. This has the effect of fixing MVP's tax load as a percentage of premium.

The only change that would affect MVP Health Care's global liability for the tax would be a shift of revenue between MVP's companies. MVP Health Plan has a portion of its revenue exempted from the tax due to its tax-exempt status, so a shift to or away from this company could change the total liability as a percentage of premium. However, MVP sensitivity tested these changes and found that, even in the most extreme scenarios, the liability as a percentage of premium would not change within 0.1%.

Therefore, we are confident in assuming a 1.0% Health Insurer Tax load for MVP Health Plan for 2020, consistent with the actual liability percentage for 2018.

*12. Provide an exhibit showing the membership by plan and actuarial value for 2018, 2019 and the projection for 2020; the data should include the grandfathered members.*

Response: Please see the tab "Question #12" in the attached Excel file (Support for L&E Objection 2\_SERFF) for this exhibit.



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13. Provide the national study performed by Wakely Consulting Group for the impact of the National High Cost Reinsurance Pool.

Response: This response has been deemed confidential and will be provided under separate cover.

14. Provide additional qualitative support for the following statement on the impact of Association Health Plans: "MVP is assuming that the same number of members will exit the market in 2020 and that those members will have the same relative morbidity."

Response: MVP is assuming that our competitor will offer Association plans at a lower premium rate than Exchange plans once again in 2020 which will continue to shift members from the Exchange to our competitor's Association plan offering. Only one year of data is available which indicates that ~5,000 members migrated into Association plans, and the relative morbidity of the members MVP has assumed were lost to Association plans was favorable compared to the Exchange market. Because no other data is available to MVP, it is reasonable to assume the same number of members with similar morbidity will migrate to Association plans in 2020.

If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Leader, Actuarial, Commercial/Government Programs  
MVP Health Care

|   |
|---|
| <b>Derivation of High Cost Claimant Percentage, 2019 Exchange Filing vs. 2020 Exchange Filing</b> |
|---|

|                                   | 2019 Exchange Filing |              |              |
|-----------------------------------|----------------------|--------------|--------------|
|                                   | Individual           | Small ACA    | Total        |
| Number of Claimants above \$100K  | 30                   | 29           | 59           |
| Claims above \$100k Pooling Point | \$2,533,465          | \$2,379,908  | \$4,913,373  |
| Claims below \$100k Pooling Point | \$25,034,784         | \$18,905,618 | \$43,940,402 |
| Member Months                     | 79,856               | 55,568       | 135,424      |
| Claims >\$100k PMPM               | \$31.73              | \$42.83      | \$36.28      |
| Claims <\$100k PMPM               | \$313.50             | \$340.22     | \$324.47     |
| Pooling Charge                    | 10.1%                | 12.6%        | 11.2%        |

|                                   | 2020 Exchange Filing |              |                     |             |              |
|-----------------------------------|----------------------|--------------|---------------------|-------------|--------------|
|                                   | Individual           | Small ACA    | Total, Excluding GF | Small GF    | Grand Total  |
| Number of Claimants above \$100K  | 33                   | 31           | 64                  | 9           | 73           |
| Claims above \$100k Pooling Point | \$3,422,447          | \$2,417,461  | \$5,839,908         | \$731,024   | \$6,570,932  |
| Claims below \$100k Pooling Point | \$24,438,323         | \$18,465,480 | \$42,903,803        | \$5,404,752 | \$48,308,555 |
| Member Months                     | 79,973               | 55,571       | 135,544             | 15,551      | 151,095      |
| Claims >\$100k PMPM               | \$42.80              | \$43.50      | \$43.08             | \$47.01     | \$43.49      |
| Claims <\$100k PMPM               | \$305.58             | \$332.29     | \$316.53            | \$347.55    | \$319.72     |
| Pooling Charge                    | 14.0%                | 13.1%        | 13.6%               | 13.5%       | 13.6%        |

**Calculation of Assumed Grandfathered HCC Risk Score, 2018**

|  |       |
|--|-------|
| Average ACG Risk Score, Exchange Population, 2018      | 1.113 |
| Average ACG Risk Score, Grandfathered Population, 2018 | 1.251 |
| Relative Risk Position, Grandfathered Population       | 1.124 |
| <br>   |       |
| Average PLRS (CMS RA Model), Exchange Population, 2018 | 1.188 |
| Assumed PLRS, Grandfathered Population, 2018           | 1.334 |

**Derivation of MVP's Risk Adjustment Position, Before and After Including the Grandfathered Population, 2018**

| Market Segment               | Billable MM | PLRS  | IDF  | AV  | ARF   | Left Side<br>of RA<br>Formula | Right Side<br>of RA<br>Formula | Relative<br>Risk<br>Position |
|------------------------------|-------------|-------|------|-----|-------|-------------------------------|--------------------------------|------------------------------|
| MVP Exchange, 2018           | 286,776     |       |      |     |       | 1.257                         | 0.738                          | -11.8%                       |
| Market Exchange, 2018        | 869,649     |       |      |     |       | 1.496                         | 0.770                          |                              |
| MVP Grandfathered, 2018      | 13,267      | 1.334 | 1.08 | 0.8 | 0.984 | 1.441                         | 0.850                          |                              |
| MVP with SG Grandfathered    | 300,043     |       |      |     |       | 1.265                         | 0.743                          | -11.7%                       |
| Market with SG Grandfathered | 882,916     |       |      |     |       | 1.496                         | 0.771                          |                              |

**Derivation of 2020 Risk Adjustment Assumption**

|  |                |
|--|----------------|
| CMS 2018 Interim RA Results (received 3/26/19)                       | (\$16,331,243) |
| Experience Period Exchange Member Months                             | 303,333        |
| CMS Interim RA Results, PMPM   | (\$53.84)      |
| Adjusted Experience Period Claim Expense, Including<br>Grandfathered | \$368.52       |
| <br>   |                |
| CMS 2018 Interim RA Results, Percentage of 2018 Paid Claims          | 14.6%          |

|   |
|---|
| <b>Derivation of Experience Period Average AV and Induced Demand Factor</b> |
|---|

|                                 |   |                      |                             |                                  | Weighted Average<br>AV * ID |
|---------------------------------|---|----------------------|-----------------------------|----------------------------------|-----------------------------|
|                                 |   |                      |                             |                                  | <b>0.7440</b>               |
| <b>Medical Coplan</b>           | <b>Safe Harbor Rider<br/>(for SG GF ONLY)</b> | <b>Member Months</b> | <b>Pricing Model<br/>AV</b> | <b>Induced Demand<br/>Factor</b> | <b>AV * ID</b>              |
| VT Non-Standard Bronze 1 (2018) | NO  | 10,376               | 0.603                       | 1.000                            | 0.603                       |
| VT Standard Bronze 2 (2018)     | NO  | 24,587               | 0.600                       | 1.000                            | 0.600                       |
| VT Standard Bronze 4 (2018)     | NO  | 1,577                | 0.672                       | 1.023                            | 0.687                       |
| VT Non-Standard Bronze 5 (2018) | NO  | 10,499               | 0.619                       | 1.005                            | 0.622                       |
| VT Catastrophic (2018)          | NO  | 250                  | 0.631                       | 1.009                            | 0.636                       |
| VT Standard Gold 1 (2018)       | NO  | 21,457               | 0.794                       | 1.081                            | 0.858                       |
| VT Non-Standard Gold 2 (2018)   | NO  | 2,954                | 0.806                       | 1.088                            | 0.877                       |
| VT Standard Bronze 3 (2018)     | NO  | 34,719               | 0.606                       | 1.002                            | 0.607                       |
| VT Non-Standard Gold 3 (2018)   | NO  | 49,427               | 0.784                       | 1.076                            | 0.843                       |
| VT Standard Silver 4 (2018)     | NO  | 25,470               | 0.702                       | 1.032                            | 0.724                       |
| VT Standard Platinum 1 (2018)   | NO  | 28,787               | 0.888                       | 1.144                            | 1.016                       |
| VT Non-Standard Silver 1 (2018) | NO  | 65,385               | 0.657                       | 1.017                            | 0.668                       |
| VT Standard Silver 3 (2018)     | NO  | 27,834               | 0.731                       | 1.046                            | 0.765                       |
| VEHD-01S                        | NO  | 96                   | 0.809                       | 1.088                            | 0.880                       |
| VEHD-01S                        | RX-VHD510                                     | 103                  | 0.812                       | 1.092                            | 0.887                       |
| VEHD-02S                        | NO  | 6,125                | 0.744                       | 1.055                            | 0.785                       |
| VEHD-02S                        | RX-VHD510                                     | 5,439                | 0.750                       | 1.059                            | 0.794                       |
| VEHD-07S                        | NO  | 12                   | 0.753                       | 1.058                            | 0.797                       |
| VEHD-08S                        | RX-VHD510                                     | 12                   | 0.724                       | 1.044                            | 0.756                       |
| VEHD-12S                        | NO  | 204                  | 0.701                       | 1.029                            | 0.721                       |
| VEHD-12S                        | RX-VHD510                                     | 155                  | 0.705                       | 1.031                            | 0.727                       |
| VEHD-14S                        | NO  | 120                  | 0.720                       | 1.042                            | 0.750                       |
| VEHD-17S                        | NO  | 12                   | 0.711                       | 1.035                            | 0.736                       |
| VEHD-19S                        | NO  | 1,033                | 0.679                       | 1.023                            | 0.695                       |
| VEHD-19S                        | RX-VHD510                                     | 312                  | 0.696                       | 1.029                            | 0.716                       |
| VEHD-15S                        | NO  | 132                  | 0.687                       | 1.025                            | 0.704                       |
| VEHD-49S                        | NO  | 36                   | 0.759                       | 1.061                            | 0.806                       |
| VEHD-49S                        | RX-VHD510                                     | 24                   | 0.766                       | 1.067                            | 0.817                       |
| VPHD-06S                        | NO  | 1,048                | 0.709                       | 1.034                            | 0.733                       |
| VPHD-03S                        | NO  | 117                  | 0.655                       | 1.016                            | 0.665                       |

| Quantitative Derivation for Vermont Program for Quality in Health Care Assessment |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|---|--|--|--|--|--|--|

|                          | Jul 18 - Jun 19     | Jul 19 - Jun 2020     |     |                              | 2017 Member<br>Months | 2018 Member<br>Months | 2019 Estimated<br>Member Months** |
|--------------------------|---------------------|-----------------------|-----|------------------------------|-----------------------|-----------------------|-----------------------------------|
| Cost of VPQHC Contract   | SFY 19<br>\$660,000 | SFY 2020<br>\$660,000 |     | MVPHP                        | 135,471               | 305,545               | 392,730                           |
| Insurer + HMO Share      | \$330,000           | \$330,000             | 50% | MVPHIC                       | 45,272                | 41,769                | 0                                 |
| BCBSVT Share             | \$99,000            | \$99,000              | 15% | Change                       |                       | 166,571               |                                   |
| Hospitals Share          | \$231,000           | \$231,000             | 35% |                              |                       |                       |                                   |
| MVPHP/MVPHIC Total Share | \$206,779           | \$251,887             |     | Total Share of Insurer + HMO | 62.7%                 | 76.3%                 |                                   |
| Estimated 2020 PMPM      | N/A                 | \$0.64                |     | Est. Insurer + HMO Market    | 288,448               | 455,019               |                                   |

| Quantitative Derivation for Health Care Advocate Assessment |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|---|--|--|--|--|--|--|

|                      | Jul 18 - Jun 19     | Jul 19 - Jun 2020     |     |                        | 2017 Member<br>Months | 2018 Member<br>Months | 2019 Estimated<br>Member Months** |
|----------------------|---------------------|-----------------------|-----|------------------------|-----------------------|-----------------------|-----------------------------------|
| Cost of HCA Contract | SFY 19<br>\$351,900 | SFY 2020<br>\$351,900 |     | MVPHP                  | 135,471               | 305,545               | 392,730                           |
| HMO                  | \$0                 | \$0                   | 0%  | MVPHIC                 | 45,272                | 41,769                | 0                                 |
| BCBSVT               | \$117,300           | \$117,300             | 33% | Change                 |                       | (3,503)               |                                   |
| Insurer              | \$117,300           | \$117,300             | 33% |                        |                       |                       |                                   |
| Hospitals            | \$117,300           | \$117,300             | 33% | Total Share of Insurer | 48.4%                 | 46.4%                 |                                   |
| MVPHP Total Share    | \$0.00              | \$0.00                |     | Est. Insurer Market    | 93,516                | 90,013                |                                   |
| MVPHIC Total Share   | \$56,786            | \$54,431              |     |                        |                       |                       |                                   |
| Estimated 2020 PMPM  | N/A                 | \$0.14                |     |                        |                       |                       |                                   |

| Quantitative Derivation for Data & Hospital Budget Assessment (not including HCA contract) |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|--|--|--|--|--|--|--|

|                          | Jul 18 - Jun 19       | Jul 19 - Jun 2020       |     |                                | 2017 Member<br>Months | 2018 Member<br>Months | 2019 Estimated<br>Member Months** |
|--------------------------|-----------------------|-------------------------|-----|--------------------------------|-----------------------|-----------------------|-----------------------------------|
| Cost of GMCB Contract    | SFY 19<br>\$2,081,454 | SFY 2020<br>\$5,577,415 |     | MVPHP                          | 135,471               | 305,545               | 392,730                           |
| ACO                      | \$208,145             | \$557,742               | 10% | MVPHIC                         | 45,272                | 41,769                | 0                                 |
| HMO/HMS/Insurer          | \$832,582             | \$2,230,966             | 40% |                                |                       |                       |                                   |
| Hospitals                | \$1,040,727           | \$2,788,708             | 50% | Total Share of HMO/HMS/Insurer | 10.5%                 | 20.3%                 |                                   |
| MVPHP/MVPHIC Total Share | \$87,829              | \$452,234               |     | Est. HMO/HMS/Insurer Market    | 1,713,372             | 1,713,372             |                                   |
| Estimated 2020 PMPM      | N/A                   | \$1.15                  |     |                                |                       |                       |                                   |

|   | MVP Health Plan   | MVP Health Insurance Company | MVP Health Services Corp. |
|---|-------------------|------------------------------|---------------------------|
| MVP Reported 2018 Premium   | \$2,542,117,954   | \$20,943,519                 | \$672,227,818             |
| Company Percent of Total Premium  | 79%               | 1%                           | 21%                       |
| <b>Premium Exclusions:</b>  |                   |                              |                           |
| 0% of \$0 - \$25,000,000  | \$19,643,668      | \$161,837                    | \$5,194,495               |
| 50% of \$25,000,001 - \$50,000,000  | \$9,821,834       | \$80,918                     | \$2,597,248               |
| Premiums subject to the fee   | \$2,512,652,452   | \$20,700,764                 | \$664,436,075             |
| <b>Eligible premiums with partial exclusion:</b>                            |                   |                              |                           |
| 50% exclusion for Tax-Exempt Entities                                       | \$1,256,326,226   | \$0                          | \$0                       |
| Eligible premiums used in calculation                                       | \$1,256,326,226   | \$20,700,764                 | \$664,436,075             |
| MVP Net premiums taken into account for calculation                         | \$1,256,326,226   | \$20,700,764                 | \$664,436,075             |
| Nationwide net premiums written taken into account for all covered entities | \$712,963,700,661 | \$712,963,700,661            | \$712,963,700,661         |
| MVP Percent to Total  | 0.18%             | 0.00%                        | 0.09%                     |
| Nationwide amount to be raised by ACA HIT Fee                               | \$14,300,000,000  | \$14,300,000,000             | \$14,300,000,000          |
| MVP Amount to be Paid   | \$25,198,289      | \$415,198                    | \$13,326,675              |
| <b>2018 Actual HIT % of Premium Load</b>                                    | <b>1.0%</b>       | <b>2.0%</b>                  | <b>2.0%</b>               |

Derivation of 2018 Average AV

| Medical Coplan                  | Safe Harbor Rider<br>(for SG GF ONLY) | Member Months | Weighted<br>Average AV |        |
|---------------------------------|---------------------------------------|---------------|------------------------|--------|
|                                 |                                       |               | Pricing Model<br>AV    | 0.7091 |
| VT Non-Standard Bronze 1 (2018) | NO                                    | 10,376        | 0.603                  |        |
| VT Standard Bronze 2 (2018)     | NO                                    | 24,587        | 0.600                  |        |
| VT Standard Bronze 3 (2018)     | NO                                    | 34,719        | 0.606                  |        |
| VT Standard Bronze 4 (2018)     | NO                                    | 1,577         | 0.672                  |        |
| VT Non-Standard Bronze 5 (2018) | NO                                    | 10,499        | 0.619                  |        |
| VT Catastrophic (2018)          | NO                                    | 250           | 0.631                  |        |
| VT Standard Gold 1 (2018)       | NO                                    | 21,457        | 0.794                  |        |
| VT Non-Standard Gold 2 (2018)   | NO                                    | 2,954         | 0.806                  |        |
| VT Non-Standard Gold 3 (2018)   | NO                                    | 49,427        | 0.784                  |        |
| VT Non-Standard Silver 1 (2018) | NO                                    | 65,385        | 0.657                  |        |
| VT Standard Silver 3 (2018)     | NO                                    | 27,834        | 0.731                  |        |
| VT Standard Silver 4 (2018)     | NO                                    | 25,470        | 0.702                  |        |
| VT Standard Platinum 1 (2018)   | NO                                    | 28,787        | 0.888                  |        |
| VEHD-01S                        | NO                                    | 96            | 0.809                  |        |
| VEHD-01S                        | RX-VHD510                             | 103           | 0.812                  |        |
| VEHD-02S                        | NO                                    | 6,125         | 0.744                  |        |
| VEHD-02S                        | RX-VHD510                             | 5,439         | 0.750                  |        |
| VEHD-07S                        | NO                                    | 12            | 0.753                  |        |
| VEHD-08S                        | RX-VHD510                             | 12            | 0.724                  |        |
| VEHD-12S                        | NO                                    | 204           | 0.701                  |        |
| VEHD-12S                        | RX-VHD510                             | 155           | 0.705                  |        |
| VEHD-14S                        | NO                                    | 120           | 0.720                  |        |
| VEHD-17S                        | NO                                    | 12            | 0.711                  |        |
| VEHD-19S                        | NO                                    | 1,033         | 0.679                  |        |
| VEHD-19S                        | RX-VHD510                             | 312           | 0.696                  |        |
| VEHD-15S                        | NO                                    | 132           | 0.687                  |        |
| VEHD-49S                        | NO                                    | 36            | 0.759                  |        |
| VEHD-49S                        | RX-VHD510                             | 24            | 0.766                  |        |
| VPHD-06S                        | NO                                    | 1,048         | 0.709                  |        |
| VPHD-03S                        | NO                                    | 117           | 0.655                  |        |

Derivation of February 2019 Average AV

| Medical Coplan                     | Safe Harbor Rider<br>(for SG GF ONLY) | Members | Weighted<br>Average AV |        |
|------------------------------------|---------------------------------------|---------|------------------------|--------|
|                                    |                                       |         | Pricing Model<br>AV    | 0.7111 |
| VT Non-Standard Bronze 1 (2019)    | NO                                    | 758     | 0.591                  |        |
| VT Standard Bronze 2 (2019)        | NO                                    | 2,783   | 0.588                  |        |
| VT Standard Bronze 3 (2019)        | NO                                    | 3,143   | 0.604                  |        |
| VT Standard Bronze 4 (2019)        | NO                                    | 297     | 0.667                  |        |
| VT Non-Standard Bronze 5 (2019)    | NO                                    | 876     | 0.613                  |        |
| VT Catastrophic (2019)             | NO                                    | 14      | 0.619                  |        |
| VT Standard Gold 1 (2019)          | NO                                    | 3,671   | 0.791                  |        |
| VT Non-Standard Gold 2 (2019)      | NO                                    | 374     | 0.805                  |        |
| VT Non-Standard Gold 3 (2019)      | NO                                    | 5,507   | 0.769                  |        |
| VT Non-Standard Silver 1 (2019)    | NO                                    | 5,216   | 0.676                  |        |
| VT Non-Standard Silver 1 II (2019) | NO                                    | 1,113   | 0.676                  |        |
| VT Non-Standard Silver 2 (2019)    | NO                                    | 80      | 0.706                  |        |
| VT Non-Standard Silver 2 II (2019) | NO                                    | 475     | 0.705                  |        |
| VT Standard Silver 3 (2019)        | NO                                    | 645     | 0.721                  |        |
| VT Standard Silver 3 II (2019)     | NO                                    | 1,191   | 0.721                  |        |
| VT Standard Silver 4 (2019)        | NO                                    | 575     | 0.701                  |        |
| VT Standard Silver 4 II (2019)     | NO                                    | 1,132   | 0.701                  |        |
| VT Standard Platinum 1 (2019)      | NO                                    | 2,579   | 0.884                  |        |
| VEHD-01S                           | NO                                    | 0       | 0.809                  |        |
| VEHD-01S                           | RX-VHD510                             | 2       | 0.812                  |        |
| VEHD-02S                           | NO                                    | 138     | 0.744                  |        |
| VEHD-02S                           | RX-VHD510                             | 128     | 0.750                  |        |
| VEHD-07S                           | NO                                    | 1       | 0.753                  |        |
| VEHD-08S                           | RX-VHD510                             | 1       | 0.724                  |        |
| VEHD-12S                           | NO                                    | 104     | 0.701                  |        |
| VEHD-12S                           | RX-VHD510                             | 2       | 0.705                  |        |
| VEHD-14S                           | NO                                    | 5       | 0.720                  |        |
| VEHD-17S                           | NO                                    | 1       | 0.711                  |        |
| VEHD-19S                           | NO                                    | 60      | 0.679                  |        |
| VEHD-19S                           | RX-VHD510                             | 15      | 0.696                  |        |
| VEHD-49S                           | NO                                    | 1       | 0.759                  |        |

Derivation of Projected 2020 Average AV

| Medical Coplan                     | Members | Weighted<br>Average AV |        |
|------------------------------------|---------|------------------------|--------|
|                                    |         | Pricing Model<br>AV    | 0.7083 |
| VT Non-Standard Bronze 1 (2020)    | 758     | 0.580                  |        |
| VT Standard Bronze 2 (2020)        | 2,783   | 0.582                  |        |
| VT Standard Bronze 3 (2020)        | 3,143   | 0.601                  |        |
| VT Standard Bronze 4 (2020)        | 297     | 0.661                  |        |
| VT Non-Standard Bronze 5 (2020)    | 876     | 0.613                  |        |
| VT Catastrophic (2020)             | 14      | 0.613                  |        |
| VT Standard Gold 1 (2020)          | 3,671   | 0.782                  |        |
| VT Non-Standard Gold 2 (2020)      | 374     | 0.876                  |        |
| VT Non-Standard Gold 3 (2020)      | 5,890   | 0.769                  |        |
| VT Non-Standard Silver 1 (2020)    | 5,216   | 0.673                  |        |
| VT Non-Standard Silver 1 II (2020) | 1,113   | 0.673                  |        |
| VT Non-Standard Silver 2 (2020)    | 80      | 0.714                  |        |
| VT Non-Standard Silver 2 II (2020) | 550     | 0.713                  |        |
| VT Standard Silver 3 (2020)        | 645     | 0.706                  |        |
| VT Standard Silver 3 II (2020)     | 1,191   | 0.706                  |        |
| VT Standard Silver 4 (2020)        | 575     | 0.693                  |        |
| VT Standard Silver 4 II (2020)     | 1,132   | 0.693                  |        |
| VT Standard Platinum 1 (2020)      | 2,579   | 0.881                  |        |

**Unified Rate Review v5.0**

Company Legal Name: **MVP Health Plan, Inc.** State: **VT**  
 HIOS Issuer ID: **77566** Market: **Combined**  
 Effective Date of Rate Change(s): **1/1/2020**

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button  
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button  
 To validate, select the Validate button or Ctrl + Shift + I.  
 To finalize, select the Finalize button or Ctrl + Shift + F.

**Market Level Calculations (Same for all Plans)**

**Section I: Experience Period Data**

|                                      |          |                  |             |          |
|--------------------------------------|----------|------------------|-------------|----------|
| Experience Period:                   | 1/1/2018 | to               | 12/31/2018  |          |
|                                      |          | <b>Total</b>     | <b>PMPM</b> |          |
| Allowed Claims                       |          | \$151,214,457.54 |             | \$475.07 |
| Reinsurance                          |          | \$0.00           |             | \$0.00   |
| Incurred Claims in Experience Period |          | \$122,308,001.64 |             | \$384.25 |
| Risk Adjustment                      |          | -\$16,331,242.63 |             | -\$51.31 |
| Experience Period Premium            |          | \$149,200,645.80 |             | \$468.74 |
| Experience Period Member Months      |          | 318,302          |             |          |

**Section II: Projections**

| Benefit Category    | Experience Period Index Rate PMPM | Year 1 Trend |             | Year 2 Trend |             | Trended EHB Allowed Claims PMPM |
|---------------------|-----------------------------------|--------------|-------------|--------------|-------------|---------------------------------|
|                     |                                   | Cost         | Utilization | Cost         | Utilization |                                 |
| Inpatient Hospital  | \$72.27                           | 1.058        | 1.000       | 1.061        | 1.000       | \$81.16                         |
| Outpatient Hospital | \$197.03                          | 1.048        | 1.000       | 1.050        | 1.000       | \$216.81                        |
| Professional        | \$127.08                          | 1.022        | 1.000       | 1.014        | 1.000       | \$131.74                        |
| Other Medical       | \$7.92                            | 1.040        | 1.000       | 1.020        | 1.000       | \$8.40                          |
| Capitation          | \$9.97                            | 1.147        | 1.000       | 1.147        | 1.000       | \$13.13                         |
| Prescription Drug   | \$60.79                           | 1.059        | 1.022       | 1.059        | 1.022       | \$71.20                         |
| <b>Total</b>        | <b>\$475.07</b>                   |              |             |              |             | <b>\$522.43</b>                 |

|   |          |
|---|----------|
| Morbidity Adjustment                                  | 1.009    |
| Demographic Shift                                     | 1.000    |
| Plan Design Changes                                   | 1.054    |
| Other   | 1.013    |
| Adjusted Trended EHB Allowed Claims PMPM for 1/1/2020 | \$562.26 |

|                                |         |
|--------------------------------|---------|
| Manual EHB Allowed Claims PMPM | \$0.00  |
| Applied Credibility %          | 100.00% |

| Projected Period Totals           |          |                  |  |
|-----------------------------------|----------|------------------|--|
| Projected Index Rate for 1/1/2020 | \$562.26 | \$208,398,295.44 |  |
| Reinsurance                       | \$0.00   | \$0.00           |  |
| Risk Adjustment Payment/Charge    | -\$82.14 | -\$30,446,001.48 |  |
| Exchange User Fees                | 0.00%    | \$0.00           |  |
| Market Adjusted Index Rate        | \$644.40 | \$238,844,296.92 |  |
| Projected Member Months           | 370,644  |                  |  |

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**Section III: Plan Adjustment Factors**

|   |        |                |                |                |                |                |
|---|--------|----------------|----------------|----------------|----------------|----------------|
| 3.1 Plan ID (Standard Component ID)             |        | 77566VT0040001 | 77566VT0040002 | 77566VT0040004 | 77566VT0040023 | 77566VT0040005 |
| 3.2 Market Adjusted Index Rate                  |        |                |                |                |                |                |
| 3.3 AV and Cost Sharing Design of Plan          |        | 1.0024         | 0.8376         | 0.9922         | 0.8201         | 0.8547         |
| 3.4 Provider Network Adjustment                 |        | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         |
| 3.5 Benefits in Addition to EHB                 |        | 1.0000         | 1.0000         | 1.0014         | 1.0017         | 1.0000         |
| <b>Administrative Costs</b>                     |        |                |                |                |                |                |
| 3.6 Administrative Expense                      |        | 5.89%          | 6.96%          | 5.94%          | 7.09%          | 6.83%          |
| 3.7 Taxes and Fees                              |        | 1.59%          | 1.65%          | 1.60%          | 1.65%          | 1.64%          |
| 3.8 Profit & Risk Load                          |        | 1.90%          | 1.90%          | 1.90%          | 1.90%          | 1.90%          |
| 3.9 Catastrophic Adjustment                     |        | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         |
| 3.10 <b>Plan Adjusted Index Rate</b>            |        | \$712.88       | \$603.14       | \$707.01       | \$592.43       | \$614.53       |
| <b>Calibrated Plan Adjusted Index Rate</b>      |        |                |                |                |                |                |
| 3.11 Age Calibration Factor                     | 1.0000 |                |                |                |                |                |
| 3.12 Geographic Calibration Factor              | 1.0000 |                |                |                |                |                |
| 3.13 Tobacco Calibration Factor                 | 1.0000 |                |                |                |                |                |
| 3.14 <b>Calibrated Plan Adjusted Index Rate</b> |        | \$713.34       | \$603.59       | \$707.54       | \$592.84       | \$614.95       |

**Section IV: Projected Plan Level Information**

|                                      |               |                |                |                |                |                |
|--------------------------------------|---------------|----------------|----------------|----------------|----------------|----------------|
| 4.1 Plan ID (Standard Component ID)  | Total         | 77566VT0040001 | 77566VT0040002 | 77566VT0040004 | 77566VT0040023 | 77566VT0040005 |
| 4.2 Allowed Claims                   | \$226,564,980 | \$3,394,416    | \$11,866,508   | \$1,551,950    | \$7,423,996    | \$4,427,258    |
| 4.3 Reinsurance                      | \$0           | \$0            | \$0            | \$0            | \$0            | \$0            |
| 4.4 Member Cost Sharing              | \$65,687,645  | \$404,954      | \$2,592,832    | \$192,907      | \$1,713,458    | \$1,299,843    |
| 4.5 Cost Sharing Reduction           | \$0           | \$0            | \$0            | \$0            | \$0            | \$0            |
| 4.6 Incurred Claims                  | \$160,877,335 | \$2,989,462    | \$9,273,676    | \$1,359,043    | \$5,710,538    | \$3,127,415    |
| 4.7 Risk Adjustment Transfer Amount  | -\$22,585,045 | -\$436,745     | -\$1,354,838   | -\$198,549     | -\$834,281     | -\$382,064     |
| 4.8 Premium                          | \$206,576,040 | \$3,781,116    | \$11,877,033   | \$1,722,276    | \$7,336,653    | \$3,915,785    |
| 4.9 Projected Member Months          | 370,644       | 5,304          | 19,692         | 2,436          | 12,384         | 6,372          |
| 4.10 Loss Ratio                      | 87.44%        | 89.39%         | 88.13%         | 89.19%         | 87.82%         | 88.50%         |
| <b>Per Member Per Month</b>          |               |                |                |                |                |                |
| 4.11 Allowed Claims                  | \$611.27      | \$639.97       | \$602.61       | \$637.09       | \$599.48       | \$694.80       |
| 4.12 Reinsurance                     | \$0.00        | \$0.00         | \$0.00         | \$0.00         | \$0.00         | \$0.00         |
| 4.13 Member Cost Sharing             | \$177.23      | \$76.35        | \$131.67       | \$79.19        | \$138.36       | \$203.99       |
| 4.14 Cost Sharing Reduction          | \$0.00        | \$0.00         | \$0.00         | \$0.00         | \$0.00         | \$0.00         |
| 4.15 Incurred Claims                 | \$434.05      | \$563.62       | \$470.94       | \$557.90       | \$461.12       | \$490.81       |
| 4.16 Risk Adjustment Transfer Amount | -\$60.93      | -\$82.34       | -\$68.80       | -\$81.51       | -\$67.37       | -\$59.96       |
| 4.17 Premium                         | \$557.34      | \$712.88       | \$603.14       | \$707.01       | \$592.43       | \$614.53       |

|                |                |                |                |                |                |                |                |                |                |                |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 77566VT0040006 | 77566VT0040024 | 77566VT0040007 | 77566VT0040030 | 77566VT0040031 | 77566VT0040029 | 77566VT0040028 | 77566VT0040009 | 77566VT0040010 | 77566VT0040025 | 77566VT0040026 |
| 0.8363         | 0.8489         | 0.8120         | 0.7299         | 0.7115         | 0.7212         | 0.6873         | 0.5820         | 0.6008         | 0.6727         | 0.6145         |
| 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         |
| 1.0000         | 1.0016         | 1.0017         | 1.0000         | 1.0000         | 1.0019         | 1.0020         | 1.0000         | 1.0000         | 1.0000         | 1.0022         |

|          |          |          |          |          |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 6.97%    | 6.87%    | 7.15%    | 7.90%    | 8.09%    | 7.98%    | 8.33%    | 9.70%    | 9.43%    | 8.51%    | 9.22%    |
| 1.65%    | 1.64%    | 1.66%    | 1.70%    | 1.70%    | 1.70%    | 1.72%    | 1.79%    | 1.77%    | 1.73%    | 1.76%    |
| 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    |
| 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   |
| \$602.27 | \$611.57 | \$587.04 | \$531.48 | \$519.22 | \$526.58 | \$503.99 | \$433.00 | \$445.52 | \$493.40 | \$455.57 |

|          |          |          |          |          |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| \$602.72 | \$612.03 | \$587.45 | \$531.86 | \$519.57 | \$527.00 | \$504.39 | \$433.35 | \$445.85 | \$493.75 | \$455.87 |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|

|                |                |                |                |                |                |                |                |                |                |                |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 77566VT0040006 | 77566VT0040024 | 77566VT0040007 | 77566VT0040030 | 77566VT0040031 | 77566VT0040029 | 77566VT0040028 | 77566VT0040009 | 77566VT0040010 | 77566VT0040025 | 77566VT0040026 |
| \$3,350,793    | \$583,042      | \$42,485,745   | \$550,785      | \$747,835      | \$811,597      | \$2,431,887    | \$12,306,770   | \$6,936,052    | \$1,592,384    | \$4,262,105    |
| \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            |
| \$1,027,353    | \$173,513      | \$13,888,590   | \$161,711      | \$229,361      | \$242,262      | \$794,984      | \$5,144,230    | \$2,768,872    | \$539,340      | \$1,649,861    |
| \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            |
| \$2,323,440    | \$409,529      | \$28,597,155   | \$389,075      | \$518,474      | \$569,335      | \$1,636,903    | \$7,162,540    | \$4,167,180    | \$1,053,043    | \$2,612,244    |
| -\$282,647     | -\$49,965      | -\$3,458,433   | -\$56,842      | -\$75,746      | -\$83,177      | -\$239,143     | -\$1,046,411   | -\$608,804     | -\$153,844     | -\$381,636     |
| \$2,912,578    | \$513,719      | \$35,962,070   | \$503,853      | \$672,909      | \$739,318      | \$2,134,902    | \$9,477,504    | \$5,495,935    | \$1,373,626    | \$3,444,185    |
| 4,836          | 840            | 61,260         | 948            | 1,296          | 1,404          | 4,236          | 21,888         | 12,336         | 2,784          | 7,560          |
| 88.35%         | 88.31%         | 87.98%         | 87.04%         | 86.82%         | 86.77%         | 86.35%         | 84.95%         | 85.27%         | 86.33%         | 85.30%         |

|          |          |          |          |          |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| \$692.89 | \$694.10 | \$693.53 | \$581.00 | \$577.03 | \$578.06 | \$574.10 | \$562.26 | \$562.26 | \$571.98 | \$563.77 |
| \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   |
| \$212.44 | \$206.56 | \$226.72 | \$170.58 | \$176.98 | \$172.55 | \$187.67 | \$235.03 | \$224.45 | \$193.73 | \$218.24 |
| \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   |
| \$480.45 | \$487.53 | \$466.82 | \$410.42 | \$400.06 | \$405.51 | \$386.43 | \$327.24 | \$337.81 | \$378.25 | \$345.53 |
| -\$58.45 | -\$59.48 | -\$56.45 | -\$59.96 | -\$58.45 | -\$59.24 | -\$56.45 | -\$47.81 | -\$49.35 | -\$55.26 | -\$50.48 |
| \$602.27 | \$611.57 | \$587.04 | \$531.49 | \$519.22 | \$526.58 | \$503.99 | \$433.00 | \$445.52 | \$493.40 | \$455.58 |

|                |                |                |                |                |                |                |                |                |                |                |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 77566VT0040011 | 77566VT0040013 | 77566VT0050001 | 77566VT0050002 | 77566VT0050004 | 77566VT0050023 | 77566VT0050005 | 77566VT0050006 | 77566VT0050024 | 77566VT0050007 | 77566VT0050030 |
| \$644.40       |                |                |                |                |                |                |                |                |                |                |
| 0.5803         | 0.6130         | 1.0024         | 0.8376         | 0.9922         | 0.8201         | 0.8547         | 0.8363         | 0.8489         | 0.8120         | 0.7299         |
| 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         |
| 1.0024         | 1.0000         | 1.0000         | 1.0000         | 1.0014         | 1.0017         | 1.0000         | 1.0000         | 1.0016         | 1.0017         | 1.0000         |

|          |          |          |          |          |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 9.70%    | 13.73%   | 5.89%    | 6.96%    | 5.94%    | 7.09%    | 6.83%    | 6.97%    | 6.87%    | 7.15%    | 7.90%    |
| 1.79%    | 1.99%    | 1.59%    | 1.65%    | 1.60%    | 1.65%    | 1.64%    | 1.65%    | 1.64%    | 1.66%    | 1.70%    |
| 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    |
| 1.0000   | 0.6380   | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   |
| \$432.78 | \$305.91 | \$712.88 | \$603.14 | \$707.01 | \$592.43 | \$614.53 | \$602.27 | \$611.57 | \$587.04 | \$531.48 |

|          |          |          |          |          |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 1.0000   |          |          |          |          |          |          |          |          |          |          |
| 1.0000   |          |          |          |          |          |          |          |          |          |          |
| 1.0000   |          |          |          |          |          |          |          |          |          |          |
| \$433.12 | \$195.33 | \$713.34 | \$603.59 | \$707.54 | \$592.84 | \$614.95 | \$602.72 | \$612.03 | \$587.45 | \$531.86 |

|                |                |                |                |                |                |                |                |                |                |                |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 77566VT0040011 | 77566VT0040013 | 77566VT0050001 | 77566VT0050002 | 77566VT0050004 | 77566VT0050023 | 77566VT0050005 | 77566VT0050006 | 77566VT0050024 | 77566VT0050007 | 77566VT0050030 |
| \$4,581,303    | \$60,265       | \$16,411,465   | \$14,679,471   | \$1,307,308    | \$34,947,453   | \$950,485      | \$1,430,115    | \$83,292       | \$923,784      | \$7,752,828    |
| \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            |
| \$1,922,773    | \$23,323       | \$1,957,888    | \$3,207,464    | \$162,498      | \$8,065,872    | \$279,062      | \$438,473      | \$24,788       | \$301,985      | \$2,276,230    |
| \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            |
| \$2,658,530    | \$36,943       | \$14,453,577   | \$11,472,007   | \$1,144,809    | \$26,881,581   | \$671,423      | \$991,642      | \$58,504       | \$621,799      | \$5,476,598    |
| -\$388,398     | -\$5,397       | -\$2,111,595   | -\$1,676,003   | -\$167,251     | -\$3,927,264   | -\$82,025      | -\$120,633     | -\$7,138       | -\$75,198      | -\$800,103     |
| \$3,526,291    | \$51,393       | \$18,281,095   | \$14,692,490   | \$1,450,785    | \$34,536,299   | \$840,677      | \$1,243,085    | \$73,388       | \$781,937      | \$7,092,203    |
| 8,148          | 168            | 25,644         | 24,360         | 2,052          | 58,296         | 1,368          | 2,064          | 120            | 1,332          | 13,344         |
| 84.72%         | 80.32%         | 89.39%         | 88.13%         | 89.19%         | 87.82%         | 88.50%         | 88.35%         | 88.31%         | 87.98%         | 87.04%         |

|          |          |          |          |          |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| \$562.26 | \$358.72 | \$639.97 | \$602.61 | \$637.09 | \$599.48 | \$694.80 | \$692.89 | \$694.10 | \$693.53 | \$581.00 |
| \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   |
| \$235.98 | \$138.83 | \$76.35  | \$131.67 | \$79.19  | \$138.36 | \$203.99 | \$212.44 | \$206.56 | \$226.72 | \$170.58 |
| \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   |
| \$326.28 | \$219.90 | \$563.62 | \$470.94 | \$557.90 | \$461.12 | \$490.81 | \$480.45 | \$487.53 | \$466.82 | \$410.42 |
| -\$47.67 | -\$32.13 | -\$82.34 | -\$68.80 | -\$81.51 | -\$67.37 | -\$59.96 | -\$58.45 | -\$59.48 | -\$56.45 | -\$59.96 |
| \$432.78 | \$305.91 | \$712.88 | \$603.14 | \$707.01 | \$592.43 | \$614.53 | \$602.27 | \$611.57 | \$587.04 | \$531.49 |

|                |                |                |                |                |                |                |                |                |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 77566VT0050031 | 77566VT0050029 | 77566VT0050028 | 77566VT0050009 | 77566VT0050010 | 77566VT0050025 | 77566VT0050026 | 77566VT0050011 | 77566VT0000001 |
| 0.7115         | 0.7212         | 0.6873         | 0.5820         | 0.6008         | 0.6727         | 0.6145         | 0.5803         | 1.0000         |
| 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000         |
| 1.0000         | 1.0019         | 1.0020         | 1.0000         | 1.0000         | 1.0000         | 1.0022         | 1.0024         | 1.0000         |

|          |          |          |          |          |          |          |          |        |
|----------|----------|----------|----------|----------|----------|----------|----------|--------|
| 8.09%    | 7.98%    | 8.33%    | 9.70%    | 9.43%    | 8.51%    | 9.22%    | 9.70%    | 0.00%  |
| 1.70%    | 1.70%    | 1.72%    | 1.79%    | 1.77%    | 1.73%    | 1.76%    | 1.79%    | 0.00%  |
| 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 1.90%    | 0.00%  |
| 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 0.0000 |
| \$519.22 | \$526.58 | \$503.99 | \$433.00 | \$445.52 | \$493.40 | \$455.57 | \$432.78 | \$0.00 |

|          |          |          |          |          |          |          |          |        |
|----------|----------|----------|----------|----------|----------|----------|----------|--------|
| \$519.57 | \$527.00 | \$504.39 | \$433.35 | \$445.85 | \$493.75 | \$455.87 | \$433.12 | \$0.00 |
|----------|----------|----------|----------|----------|----------|----------|----------|--------|

|                |                |                |                |                |                |                |                |                |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 77566VT0050031 | 77566VT0050029 | 77566VT0050028 | 77566VT0050009 | 77566VT0050010 | 77566VT0050025 | 77566VT0050026 | 77566VT0050011 | 77566VT0000001 |
| \$7,090,587    | \$3,003,603    | \$5,235,792    | \$6,470,500    | \$14,270,186   | \$446,142      | \$1,664,251    | \$533,023      | \$0            |
| \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            |
| \$2,174,683    | \$896,575      | \$1,711,580    | \$2,704,669    | \$5,696,658    | \$151,108      | \$644,231      | \$223,710      | \$0            |
| \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            |
| \$4,915,904    | \$2,107,027    | \$3,524,211    | \$3,765,831    | \$8,573,528    | \$295,034      | \$1,020,019    | \$309,314      | \$0            |
| -\$718,189     | -\$307,826     | -\$514,870     | -\$550,169     | -\$1,252,549   | -\$43,103      | -\$149,020     | -\$45,189      | \$0            |
| \$6,380,175    | \$2,736,110    | \$4,596,389    | \$4,982,964    | \$11,307,298   | \$384,852      | \$1,344,872    | \$410,275      | \$0            |
| 12,288         | 5,196          | 9,120          | 11,508         | 25,380         | 780            | 2,952          | 948            | 0              |
| 86.82%         | 86.77%         | 86.35%         | 84.95%         | 85.27%         | 86.33%         | 85.30%         | 84.72%         | #DIV/0!        |

|          |          |          |          |          |          |          |          |         |
|----------|----------|----------|----------|----------|----------|----------|----------|---------|
| \$577.03 | \$578.06 | \$574.10 | \$562.26 | \$562.26 | \$571.98 | \$563.77 | \$562.26 | #DIV/0! |
| \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | #DIV/0! |
| \$176.98 | \$172.55 | \$187.67 | \$235.03 | \$224.45 | \$193.73 | \$218.24 | \$235.98 | #DIV/0! |
| \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | #DIV/0! |
| \$400.06 | \$405.51 | \$386.43 | \$327.24 | \$337.81 | \$378.25 | \$345.53 | \$326.28 | #DIV/0! |
| -\$58.45 | -\$59.24 | -\$56.45 | -\$47.81 | -\$49.35 | -\$55.26 | -\$50.48 | -\$47.67 | #DIV/0! |
| \$519.22 | \$526.58 | \$503.99 | \$433.00 | \$445.52 | \$493.40 | \$455.58 | \$432.78 | #DIV/0! |

|  |  |  |
|--|--|--|
| <b>Comparison of Paid Index Rate PMPM, 2019 VT Exchange Filing to 2020</b> |  |  |
|--|--|--|

|    |  |          |                               |
|----|--|----------|-------------------------------|
| a) | Experience Period Claim Expense After All<br>Adjustments   | \$374.30 | 2020 Filing, Row 22           |
| b) | Experience Period Capitation and Non-FFS Medical<br>Costs  | \$8.67   | 2020 Filing, Row 13           |
| c) | Annual FFS Claim trend projection factor   | 1.055    | 2020 Filing, Row 25           |
| e) | Assumed 2019 Claim Cost, from 2020 Filing<br>Paid Index Rate PMPM Prior to Adjustments for<br>Federal Programs | \$394.24 | $= [ a ) - b ) ] * c ) + b )$ |
| f) | Change in Paid Index Rate PMPM, 2019 Filing to<br>2020 Filing  | \$390.09 | 2019 Filing, Row 26           |
| g) |  | 1.1%     | $= [ f ) / e ) ] - 1$         |

**Historical Allowed Claim Costs with Normalization Factors, VT Exchange, January 2015 to February 2019**

| Month  | Member Months | Medical Allowed | Pharmacy     | Dental Allowed | Total Allowed | Age Fx | ID Fx | Medical Unit |                 | Normalized           | Normalized            | Normalized          | Normalized         |
|--------|---------------|-----------------|--------------|----------------|---------------|--------|-------|--------------|-----------------|----------------------|-----------------------|---------------------|--------------------|
|        |               | PMPM            | Allowed PMPM | PMPM           | PMPM          |        |       | Cost Fx      | Rx Unit Cost Fx | Medical Allowed PMPM | Pharmacy Allowed PMPM | Dental Allowed PMPM | Total Allowed PMPM |
| 201501 | 5,731         | \$531.03        | \$54.89      | \$0.64         | \$586.55      | 1.659  | 1.046 | 1            | 1               | \$531.03             | \$54.89               | \$0.64              | \$586.55           |
| 201502 | 5,705         | \$371.54        | \$47.92      | \$0.39         | \$419.86      | 1.659  | 1.046 | 1            | 1               | \$371.46             | \$47.91               | \$0.39              | \$419.77           |
| 201503 | 5,623         | \$363.72        | \$61.82      | \$1.12         | \$426.65      | 1.663  | 1.046 | 1            | 1               | \$364.62             | \$61.97               | \$1.12              | \$427.71           |
| 201504 | 5,483         | \$354.53        | \$64.19      | \$0.55         | \$419.27      | 1.672  | 1.047 | 1            | 1               | \$357.67             | \$64.75               | \$0.55              | \$422.98           |
| 201505 | 5,354         | \$388.75        | \$60.54      | \$0.85         | \$450.14      | 1.677  | 1.047 | 1            | 1               | \$393.54             | \$61.29               | \$0.86              | \$455.69           |
| 201506 | 5,270         | \$332.48        | \$56.48      | \$1.20         | \$390.16      | 1.683  | 1.048 | 1            | 1               | \$337.79             | \$57.38               | \$1.22              | \$396.39           |
| 201507 | 5,237         | \$424.49        | \$58.10      | \$0.65         | \$483.24      | 1.689  | 1.048 | 1            | 1               | \$432.96             | \$59.26               | \$0.66              | \$492.89           |
| 201508 | 5,189         | \$327.59        | \$63.54      | \$0.97         | \$392.10      | 1.692  | 1.048 | 1            | 1               | \$334.80             | \$64.94               | \$0.99              | \$400.73           |
| 201509 | 5,150         | \$417.89        | \$81.68      | \$0.81         | \$500.37      | 1.694  | 1.048 | 1            | 1               | \$427.66             | \$83.59               | \$0.82              | \$512.08           |
| 201510 | 5,087         | \$458.94        | \$68.24      | \$2.01         | \$529.18      | 1.696  | 1.048 | 1            | 1               | \$470.34             | \$69.93               | \$2.06              | \$542.33           |
| 201511 | 5,038         | \$332.87        | \$73.81      | \$0.65         | \$407.33      | 1.700  | 1.048 | 1            | 1               | \$341.86             | \$75.81               | \$0.66              | \$418.33           |
| 201512 | 5,017         | \$415.00        | \$78.05      | \$1.72         | \$494.77      | 1.704  | 1.049 | 1            | 1               | \$427.30             | \$80.37               | \$1.77              | \$509.44           |
| 201601 | 5,836         | \$324.73        | \$58.16      | \$0.33         | \$383.21      | 1.694  | 1.046 | 1.015        | 1.063           | \$326.78             | \$55.88               | \$0.33              | \$382.99           |
| 201602 | 6,018         | \$422.64        | \$61.50      | \$0.84         | \$484.98      | 1.691  | 1.046 | 1.015        | 1.063           | \$424.63             | \$59.00               | \$0.84              | \$484.47           |
| 201603 | 6,513         | \$382.36        | \$65.22      | \$0.44         | \$448.02      | 1.683  | 1.045 | 1.015        | 1.063           | \$381.77             | \$62.18               | \$0.44              | \$444.38           |
| 201604 | 6,698         | \$384.14        | \$54.77      | \$0.94         | \$439.85      | 1.683  | 1.045 | 1.015        | 1.063           | \$383.66             | \$52.23               | \$0.94              | \$436.83           |
| 201605 | 6,903         | \$368.93        | \$71.71      | \$0.32         | \$440.97      | 1.684  | 1.045 | 1.015        | 1.063           | \$368.66             | \$68.42               | \$0.32              | \$437.40           |
| 201606 | 7,061         | \$370.94        | \$73.82      | \$0.77         | \$445.53      | 1.685  | 1.044 | 1.015        | 1.063           | \$370.63             | \$70.42               | \$0.77              | \$441.82           |
| 201607 | 7,134         | \$432.56        | \$68.63      | \$0.76         | \$501.95      | 1.686  | 1.044 | 1.015        | 1.063           | \$432.47             | \$65.52               | \$0.76              | \$498.76           |
| 201608 | 7,164         | \$426.30        | \$74.45      | \$0.91         | \$501.65      | 1.689  | 1.044 | 1.015        | 1.063           | \$426.90             | \$71.18               | \$0.91              | \$498.99           |
| 201609 | 7,235         | \$393.56        | \$73.89      | \$0.36         | \$467.81      | 1.692  | 1.044 | 1.015        | 1.063           | \$394.75             | \$70.76               | \$0.36              | \$465.87           |
| 201610 | 7,250         | \$374.98        | \$76.46      | \$1.25         | \$452.69      | 1.697  | 1.044 | 1.015        | 1.063           | \$377.26             | \$73.45               | \$1.26              | \$451.97           |
| 201611 | 7,290         | \$413.67        | \$68.15      | \$0.61         | \$482.42      | 1.699  | 1.044 | 1.015        | 1.063           | \$416.69             | \$65.54               | \$0.61              | \$482.84           |
| 201612 | 7,525         | \$428.57        | \$70.56      | \$0.90         | \$500.03      | 1.709  | 1.045 | 1.015        | 1.063           | \$434.36             | \$68.28               | \$0.91              | \$503.55           |
| 201701 | 9,781         | \$392.56        | \$58.90      | \$0.79         | \$452.25      | 1.674  | 1.040 | 1.038        | 1.148           | \$379.58             | \$51.49               | \$0.76              | \$431.84           |
| 201702 | 10,303        | \$319.01        | \$55.21      | \$0.59         | \$374.81      | 1.667  | 1.040 | 1.038        | 1.148           | \$307.01             | \$48.03               | \$0.56              | \$355.60           |
| 201703 | 11,249        | \$410.38        | \$72.53      | \$0.41         | \$483.31      | 1.657  | 1.038 | 1.038        | 1.148           | \$391.92             | \$62.61               | \$0.39              | \$454.92           |
| 201704 | 11,325        | \$332.63        | \$62.28      | \$0.74         | \$395.65      | 1.659  | 1.038 | 1.038        | 1.148           | \$317.93             | \$53.81               | \$0.71              | \$372.46           |
| 201705 | 11,393        | \$375.35        | \$70.40      | \$0.59         | \$446.34      | 1.662  | 1.038 | 1.038        | 1.148           | \$359.33             | \$60.92               | \$0.57              | \$420.82           |
| 201706 | 11,435        | \$365.43        | \$79.00      | \$0.71         | \$445.14      | 1.661  | 1.037 | 1.038        | 1.148           | \$349.64             | \$68.33               | \$0.68              | \$418.65           |
| 201707 | 11,593        | \$335.61        | \$76.99      | \$0.72         | \$413.31      | 1.659  | 1.037 | 1.038        | 1.148           | \$320.82             | \$66.53               | \$0.69              | \$388.04           |
| 201708 | 11,703        | \$365.30        | \$76.77      | \$1.25         | \$443.32      | 1.657  | 1.037 | 1.038        | 1.148           | \$348.58             | \$66.22               | \$1.19              | \$416.00           |
| 201709 | 11,727        | \$363.34        | \$78.66      | \$0.41         | \$442.41      | 1.661  | 1.037 | 1.038        | 1.148           | \$347.75             | \$68.06               | \$0.39              | \$416.20           |
| 201710 | 11,763        | \$370.07        | \$79.56      | \$0.59         | \$450.22      | 1.662  | 1.037 | 1.038        | 1.148           | \$354.25             | \$68.85               | \$0.57              | \$423.67           |
| 201711 | 11,675        | \$436.53        | \$73.40      | \$0.59         | \$510.52      | 1.667  | 1.038 | 1.038        | 1.148           | \$419.30             | \$63.74               | \$0.57              | \$483.60           |
| 201712 | 11,597        | \$385.54        | \$75.82      | \$0.83         | \$462.20      | 1.672  | 1.038 | 1.038        | 1.148           | \$371.55             | \$66.05               | \$0.80              | \$438.40           |
| 201801 | 25,019        | \$354.45        | \$61.04      | \$1.21         | \$416.70      | 1.637  | 1.043 | 1.070        | 1.257           | \$326.08             | \$47.81               | \$1.11              | \$375.00           |
| 201802 | 25,021        | \$360.21        | \$56.69      | \$1.16         | \$418.06      | 1.639  | 1.044 | 1.070        | 1.257           | \$331.86             | \$44.47               | \$1.06              | \$377.40           |
| 201803 | 25,121        | \$368.18        | \$66.45      | \$1.25         | \$435.88      | 1.641  | 1.044 | 1.070        | 1.257           | \$339.47             | \$52.16               | \$1.16              | \$392.79           |
| 201804 | 25,026        | \$390.59        | \$72.28      | \$0.79         | \$463.66      | 1.643  | 1.044 | 1.070        | 1.257           | \$360.76             | \$56.84               | \$0.73              | \$418.33           |
| 201805 | 25,101        | \$425.24        | \$75.02      | \$1.21         | \$501.46      | 1.645  | 1.044 | 1.070        | 1.257           | \$393.13             | \$59.05               | \$1.11              | \$453.29           |
| 201806 | 25,200        | \$392.79        | \$69.86      | \$1.21         | \$463.87      | 1.648  | 1.044 | 1.070        | 1.257           | \$363.75             | \$55.09               | \$1.13              | \$419.96           |
| 201807 | 25,341        | \$383.78        | \$78.71      | \$1.37         | \$463.86      | 1.649  | 1.044 | 1.070        | 1.257           | \$355.56             | \$62.09               | \$1.27              | \$418.91           |
| 201808 | 25,424        | \$428.91        | \$81.74      | \$1.22         | \$511.87      | 1.650  | 1.043 | 1.070        | 1.257           | \$397.60             | \$64.52               | \$1.13              | \$463.25           |
| 201809 | 25,568        | \$364.31        | \$78.27      | \$0.72         | \$443.29      | 1.650  | 1.043 | 1.070        | 1.257           | \$337.79             | \$61.79               | \$0.67              | \$400.24           |
| 201810 | 25,520        | \$466.64        | \$89.60      | \$1.19         | \$557.43      | 1.653  | 1.043 | 1.070        | 1.257           | \$433.48             | \$70.87               | \$1.10              | \$505.45           |
| 201811 | 25,507        | \$470.82        | \$83.85      | \$1.15         | \$555.83      | 1.655  | 1.043 | 1.070        | 1.257           | \$437.76             | \$66.38               | \$1.07              | \$505.21           |
| 201812 | 25,485        | \$415.47        | \$87.46      | \$1.67         | \$504.60      | 1.657  | 1.043 | 1.070        | 1.257           | \$386.67             | \$69.30               | \$1.56              | \$457.52           |
| 201901 | 30,779        | \$459.74        | \$68.74      | \$1.18         | \$529.65      | 1.654  | 1.045 | 1.110        | 1.324           | \$412.49             | \$51.71               | \$1.06              | \$465.26           |
| 201902 | 30,768        | \$413.62        | \$69.27      | \$0.79         | \$483.68      | 1.655  | 1.045 | 1.110        | 1.324           | \$371.34             | \$52.14               | \$0.71              | \$424.20           |

|   |
|---|
| <b>Historical Bad Debt, VT Exchange, 2016 to 2018</b> |
|---|

| <b>Individual</b> |                 |                |                              |
|-------------------|-----------------|----------------|------------------------------|
| <b>Year</b>       | <b>Bad Debt</b> | <b>Premium</b> | <b>Bad Debt as % Premium</b> |
| 2016              | \$6,505         | \$18,806,542   | 0.0%                         |
| 2017              | \$231,347       | \$35,310,073   | 0.7%                         |
| 2018              | \$333,319       | \$59,914,935   | 0.6%                         |
| Total             | \$571,171       | \$114,031,550  | 0.5%                         |

| <b>Small Group</b> |                 |                |                              |
|--------------------|-----------------|----------------|------------------------------|
| <b>Year</b>        | <b>Bad Debt</b> | <b>Premium</b> | <b>Bad Debt as % Premium</b> |
| 2016               | \$50,677        | \$16,485,860   | 0.3%                         |
| 2017               | \$33,195        | \$24,966,952   | 0.1%                         |
| 2018               | \$189,847       | \$82,341,845   | 0.2%                         |
| Total              | \$273,719       | \$123,794,657  | 0.2%                         |

|             |           |               |               |
|-------------|-----------|---------------|---------------|
| Grand Total | \$844,891 | \$237,826,207 | <b>0.355%</b> |
|-------------|-----------|---------------|---------------|



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June 24, 2019

Mr. Josh Hammerquist, FSA, MAAA  
Lewis & Ellis, Inc.  
P.O. Box 851857  
Richardson, TX 75085

Re: 2020 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-131934219

Dear Mr. Hammerquist:

This letter is in response to your correspondence received regarding the above-mentioned rate filing. The responses to your questions are provided below.

*1. Please reconcile the values in the URRT to the exhibits provided in SERFF.*

Response: The rounding parameters in the URRT make it difficult to tie out values between the file and the traditional rate filing. Therefore, MVP is providing Worksheet 1 and Sections 3 and 4 of Worksheet 2 without rounding for reconciliation. Please see the attached file "2020 MVPHP VT Exchange URRT\_Without Rounding".

Section 2 of Worksheet 1 provides allowed trends for 2019 and 2020. Those trends can be tied to the pertinent service categories on Exhibits 2a and 2b of the filing.

Support for the adjustments to allowed claims in Section 2 of Worksheet 1 (Morbidity, Demographic Shift, Plan Design Changes, Other) can be found in the Federal Actuarial Memorandum accompanying the URRT, pages 4 to 7.

The risk adjustment PMPM payment of \$82.14 found on Worksheet 1 is equivalent to the risk adjustment PMPM payment of \$61.11 on Exhibit 3 of the rate filing divided by the "Benefit Relativity \* Induced Demand Reflected in Index Rate" factor found on Exhibit 7 of the rate filing. This is done to convert the risk adjustment payment to an allowed dollar amount consistent with URRT instructions.

It can be seen using the reconciliation file that the true Market Adjusted Index Rate is \$644.40 PMPM, compared to the \$644.88 displayed in the submitted URRT. The value of \$644.40 is equivalent to the "Adjusted Claim Cost for Pricing" found on Exhibit 7 of the rate filing.

This value flows through to row 3.2 of Section 3 on Worksheet 2. Row 3.3 is calculated as the product of the "Benefit Actuarial Value" and "Induced Utilization Factor" columns on Exhibit 7 of the filing as well as the impact of the "CSR Loading" column from Exhibit 7. The CSR load is converted to a percentage of the "Net Claim Cost PMPM" for each plan as it artificially inflates the actuarial value of the affected plans.



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Row 3.5 reflects the “Benefits in Excess of EHB’s” column on Exhibit 7 of the rate filing. This PMPM is converted to a percentage of the sum of (Net Claim Cost PMPM + CSR Loading) to isolate the impact of the value on each specific plan’s claim cost.

Row 3.6 converts the column “Administrative Expense (PMPM)” on Exhibit 7 of the rate filing to a percentage of premium for each plan.

Row 3.7 converts the column “PMPM Taxes and Assessments” on Exhibit 7 of the rate filing to a percentage of premium for each plan. This is then added to the global percentage of premium taxes and assessments rate of 1.3% to arrive at a plan-specific value for taxes and assessments.

Row 3.8 reflects the global Profit and Risk load of 1.90%.

Row 3.9 reflects the Catastrophic Adjustment of 0.636 as referenced in the Actuarial Memorandum.

Row 3.10 should then reflect the Gross Claim Cost PMPM being charged for any given plan using the calculation built into the URRT spreadsheet. While this value does not tie out in the original URRT, in the provided version without rounding the values for each plan tie to the values in the “Gross Claim Cost PMPM” column on Exhibit 7 of the rate filing.

*2. Provide quantitative support for the 2.1% increase due to the revision to the estimate for providing services in 2019 in the Consumer Disclosure.*

Response: MVP has calculated this value in two parts. The first step is to calculate the difference in the “Paid Index Rate PMPM Prior to Adjustments for Federal Programs” between the current filing and the previously approved filing. MVP compared the approved value from Exhibit 3, row 26 of the 2019 approved rate filing to a similar value from the 2020 proposed filing. Please see the tab “Question 2” in the attached Excel document for a derivation of this calculation.

The difference between the values from the two filings equates to a 1.1% increase. The additional 1.0% accounts for the reduction to 2019 rates by the GMCB for affordability. This was accounted for on Exhibit 7 as opposed to Exhibit 3 of the 2019 approved rate filing, and therefore must be considered separately when re-setting the best estimate of claim expense year over year.

*3. Provide detailed quantitative and qualitative support for the unit cost trends both IP and OP for 2019 and separately for 2020 for the following:*

- a. Springfield (2020 only)*
- b. Dartmouth-Hitchcock Medical Center*
- c. New York Participating Hospitals*
- d. Rental and Non-participating Hospitals*



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Response: This response has been deemed confidential and will be provided under separate cover.

*4. Provide detailed quantitative and qualitative support for the unit cost trends physicians for 2019 and separately for 2020 for the following:*

*a. Rental Network*

Response: This response has been deemed confidential and will be provided under separate cover.

*5. Provide, for each month from January 2015 through February 2019, total allowed costs and the number of enrolled members for all individual and small group members. Additionally, provide normalization factors appropriate to this data to normalize for changes in unit costs, population age factors, and induced utilization.*

Response: Please see the tab "Question #5" in the attached Excel document which provides this information. The age normalization and induced demand normalization factors both represent the curves created by HHS, and the unit cost normalization reflects the best estimate of unit cost trends from the most recent filing that a trend was presented (i.e. 2018/2017 trend is from the 2019 Exchange filing, as opposed to the 2018 Exchange filing).

MVP would like to note that any changes to allowed claims for a risk-adjusted population should include a review of risk adjustment payments and receipts. MVP's risk adjustment payment as a percentage of allowed claims has increased from 0.8% in 2016 to 9.5% in 2017 and is expected to be 11.3% in 2018.

*6. Provide quantitative support for the bad debt assumption of 0.4%.*

Response: Please see the tab "Question #6" in the attached Excel document for historical actual bad debt information by Small Group and Individual for years 2016 to 2018. MVP's historical bad debt as a percentage of premium for the three years is 0.36%.

*7. Provide additional support for the 1.6% trend in Exhibit 6.*

Response: The 1.6% trend for CSR amounts (claims above the member's subsidized deductible but below the unsubsidized Silver deductible) was calculated by calculating a weighted allowed trend (4.8% annually using experience period claim weighting) and multiplying by the likelihood of being between the average subsidized and average unsubsidized deductible using the PDF table shown in MVP's response to Objection #2 (0.328). Claims below the subsidized deductible in the PDF table are assumed to be handled under the member's cost sharing while claims above the unsubsidized deductible are assumed to be handled via MVP's claim expense.

*8. Provide the average unit cost medical trend separately for facilities and providers impacted by the GMCB's Hospital Budget Review and for those facilities and providers not impacted.*



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Response: Please see the following tables which provide the medical unit cost trends for 2019/2018 and 2020/2019 broken out by GMCB jurisdiction and service category:

**2019 Unit Cost Trends**

| Service Category | GMCB | Non-GMCB |
|------------------|------|----------|
| IP               | 3.2% | 7.9%     |
| OP               | 3.3% | 6.1%     |
| PHY              | 0.5% | 1.8%     |

**2020 Unit Cost Trends**

| Service Category | GMCB | Non-GMCB |
|------------------|------|----------|
| IP               | 3.3% | 8.6%     |
| OP               | 3.4% | 6.8%     |
| PHY              | 0.6% | 1.8%     |

9. Provide the monthly historical experience for Rx claims PMPM with normalization factors applied.

Response: Please see the tab "Question #5" in the attached Excel document for this information.

If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

Eric Bachner, ASA  
Leader, Actuarial, Commercial/Government Programs  
MVP Health Care

| Year Filed<br>Docket #    |          | 2019<br>GMCB-05-19rr | 2018<br>GMCB-008-18rr | 2017<br>GMCB-007-17rr |
|---------------------------|----------|----------------------|-----------------------|-----------------------|
| Members                   |          | 30,887               | 25,223                | 10,305                |
| Average Rate Change       | Proposed | 8.5%                 | 10.9%                 | 6.7%                  |
|                           | Allowed  | NA                   | 6.6%                  | 3.5%                  |
| Allowed Medical Trend     | Proposed | 3.7%                 | 3.2%                  | 4.2%                  |
|                           | Allowed  | NA                   | 3.4%                  | 3.2%                  |
|                           | Actual*  | NA                   | NA                    | 8.4%                  |
| Medical Unit Cost         | Proposed | 3.7%                 | 3.2%                  | 3.5%                  |
|                           | Allowed  | NA                   | 3.4%                  | 2.4%                  |
|                           | Actual*  | NA                   | NA                    | NA                    |
| Medical Utilization       | Proposed | 0.0%                 | 0.0%                  | 0.7%                  |
|                           | Allowed  | NA                   | 0.0%                  | 0.7%                  |
|                           | Actual*  | NA                   | NA                    | NA                    |
| Allowed Rx Trend          | Proposed | 8.2%                 | 13.3%                 | 11.9%                 |
|                           | Allowed  | NA                   | 13.3%                 | 11.9%                 |
|                           | Actual*  | NA                   | NA                    | 4.4%                  |
| General Admin Load (PMPM) | Proposed | \$42.00              | \$39.80               | \$38.10               |
|                           | Allowed  | NA                   | \$39.80               | \$38.10               |
|                           | Actual*  | NA                   | NA                    | \$40.72               |
| CTR                       | Proposed | 1.5%                 | 2.0%                  | 2.0%                  |
|                           | Allowed  | NA                   | 1.5%                  | 2.0%                  |



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June 25, 2019

Mr. Josh Hammerquist, FSA, MAAA  
Lewis & Ellis, Inc.  
P.O. Box 851857  
Richardson, TX 75085

Re: 2020 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-131934219

Dear Mr. Hammerquist:

This letter is in response to your correspondence received regarding the above-mentioned rate filing. The responses to your questions are provided below.

*1. Please confirm the accuracy of the below-provided table that lists proposed rates and rate components, allowed (ordered) rates and rate components, and actual rate components. If you believe the value listed is incorrect or the cell is blank, please provide the value that you believe is correct.*

Response: Please see the tab "Question #1" of the attached Excel workbook for MVP's inputs into this table. MVP would like to note that the CTR values in this table do not reflect any explicit rate cuts performed by the GMCB. These cuts, while not explicitly reducing the CTR assumption approved in the filing, have an equivalent impact on MVP's actual CTR during the rating period.

*2. You state that MVP has assumed "that all of the groups who left [the market] migrated to the AHP market." GMCB-005-19rr, MVP Actuarial Mem. At 7. Please provide the quantitative and qualitative data that supports your assumption.*

Response: Based on information provided by DVHA<sup>1</sup>, the entire small group market shrank by 4,869 members from January 2018 to January 2019. Additionally, based on numerous reports (including multiple media reports and legislative testimony), approximately 5,000 members were enrolled in Association plans for 2019. While impossible to prove directly, it is likely that the majority of these members overlap and migrated to the AHP market given MVP's favorable premium position in the Exchange market.

DFR Bulletin #205, which was issued on June 13, 2019, prohibits Association plans from enrolling members in 2020. Given this information, MVP will not pursue a rate adjustment to account for lower morbidity members exiting the Exchange market for Association plans. This adjustment can be found on line 19 of Exhibit 3 of MVP's rate filing.

1. <https://gmcbboard.vermont.gov/sites/gmcb/files/2018%202019%20Plan%20Selection%20for%20GMCB.pdf>



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*3. The average annual allowed Rx trend in this filing is 8.2%. GMCB-005-19rr, Actuarial Mem. At 9. You state that you chose to base this estimate on forecasts provided by MVP's pharmacy benefits manager (PBM). You further state that the forecasts provided by MVP's PBM "account for drugs coming off patent." GMCB-005-19rr, Actuarial Mem. at 9. Please expand on the PBM forecasts you chose to base MVP's Rx trend factors on. Specifically, please provide quantitative and qualitative support for the proposition that the PBM forecasts accounted for drugs coming off patent. What was the impact on Rx trend of drugs coming off patent?*

Response: MVP is not provided with the requested information by its PBM at that level of detail. Brand drugs moving to generic status has been provided qualitatively as a driver of pharmacy trend by the PBM in past communication without quantifying the impact on a given population; MVP has requested quantitative information which the PBM was unwilling to share.

An example of a brand drug coming off patent can be viewed by drug category in the trends provided by the PBM in MVP's response to Objection Letter #2. For instance, the Generic Days Supply % for Antiasthmatic and Bronchodilator Agents is expected to increase from 31.3% in 2018 to 55.2% in 2019. Simultaneously, both Generic and Brand Gross Cost/Day trends are expected to increase. However, the Gross Cost PMPM trend for 2019 is expected to be -11.5%. While this is a pattern indicative of a major drug or major drugs going from brand to generic, this has not been communicated to MVP by its PBM.

*4. What assumptions (if any) did you make about the impacts of the Green Mountain Surgery Center on outpatient surgery costs?*

Response: MVP did not make any assumptions about the impact of the Green Mountain Surgery Center on outpatient surgery costs in the filing. MVP has yet to finalize contract negotiations with this provider and it has no data from which to assume unit cost relativities or shifts in utilization.

If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Bachner".

Eric Bachner, ASA  
Leader, Actuarial, Commercial/Government Programs  
MVP Health Care



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July 8, 2019

Mr. Josh Hammerquist, FSA, MAAA  
Lewis & Ellis, Inc.  
P.O. Box 851857  
Richardson, TX 75085

Re: 2020 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-131934219

Dear Mr. Hammerquist:

This letter is in response to your correspondence received regarding the above-mentioned rate filing. The responses to your questions are provided below.

*1. Please confirm the accuracy of the below-provided table that lists proposed rates and rate components, allowed (ordered) rates and rate components, and actual rate components. If you believe the value listed is incorrect or the cell is blank, please provide the value that you believe is correct.*

Response (At the Green Mountain Care Board's direction per its July 1<sup>st</sup> order): MVP has amended the table as shown on the following page of this response. To calculate utilization trend, MVP compared utilization per 1,000 members for each service category (defined by MVP as Inpatient, Outpatient, Physician and Other) from calendar year 2017 to calendar year 2018 and then weighted those trends by the percentage of allowed costs in each bucket during calendar year 2017.

MVP would like to caveat that filtering down allowed claim trend to two component numbers (utilization and unit cost) can be misleading, for reasons including but not limited to:

-Allowed Medical Trend does not consider population changes or changes in morbidity within the previously insured population. This can skew both total trends as well as utilization and intensity trends. As an example, an older population generally uses both more services and more intense services, which would increase both utilization and unit cost trends as MVP has calculated them. In a risk-adjusted environment, allowed trends should be viewed in tandem with the change in a carrier's risk position in order to view the total claim trend for a given year.

-Claim shifts between service categories can increase/decrease total allowed trends while also increasing/decreasing utilization trends within those categories. For example, shifting surgeries previously performed in an Inpatient setting to an Outpatient setting will simultaneously increase Outpatient utilization and total allowed costs and decrease Inpatient utilization and total allowed costs (while likely decreasing total allowed claim costs). This is not easily quantifiable into a single unit cost and a single utilization trend figure.

-The intensity of services is not considered in the table. MVP is implicitly assuming that it is included under unit cost trends, but this produces misleading results if the intent is to measure the change in cost for a given service over time. For example, if a higher-intensity Outpatient service is replaced with a lower-intensity service, the utilization change would be 0.0% and the unit cost trend would be below zero. However, the costs of both services may have



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increased over time, which would not be evident based on the data provided. Additionally, MVP used admits as the utilization measure for Inpatient services. To the extent that the average length of stay changes over time, this would be captured in the unit cost trend as opposed to the utilization trend.

| Year Filed<br>Docket #    |          | 2019<br>GMCB-05-19rr | 2018<br>GMCB-008-18rr | 2017<br>GMCB-007-17rr |
|---------------------------|----------|----------------------|-----------------------|-----------------------|
| Members                   |          | 30,887               | 25,223                | 10,305                |
| Average Rate Change       | Proposed | 8.5%                 | 10.9%                 | 6.7%                  |
|                           | Allowed  | NA                   | 6.6%                  | 3.5%                  |
| Allowed Medical Trend     | Proposed | 3.7%                 | 3.2%                  | 4.2%                  |
|                           | Allowed  | NA                   | 3.4%                  | 3.2%                  |
|                           | Actual*  | NA                   | NA                    | 8.4%                  |
| Medical Unit Cost         | Proposed | 3.7%                 | 3.2%                  | 3.5%                  |
|                           | Allowed  | NA                   | 3.4%                  | 2.4%                  |
|                           | Actual*  | NA                   | NA                    | -0.9%                 |
| Medical Utilization       | Proposed | 0.0%                 | 0.0%                  | 0.7%                  |
|                           | Allowed  | NA                   | 0.0%                  | 0.7%                  |
|                           | Actual*  | NA                   | NA                    | 9.4%                  |
| Allowed Rx Trend          | Proposed | 8.2%                 | 13.3%                 | 11.9%                 |
|                           | Allowed  | NA                   | 13.3%                 | 11.9%                 |
|                           | Actual*  | NA                   | NA                    | 4.4%                  |
| General Admin Load (PMPM) | Proposed | \$42.00              | \$39.80               | \$38.10               |
|                           | Allowed  | NA                   | \$39.80               | \$38.10               |
|                           | Actual*  | NA                   | NA                    | \$40.72               |
| CTR                       | Proposed | 1.5%                 | 2.0%                  | 2.0%                  |
|                           | Allowed  | NA                   | 1.5%                  | 2.0%                  |

Sincerely,

Eric Bachner, ASA  
 Leader, Actuarial, Commercial/Government Programs  
 MVP Health Care

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

[MVP VT Plus] Gold 2

| HSA/HRA Options   | Tiered Network Option                          |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/>  |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization: |

|                                       | Tier 1 Plan Benefit Design |            |            |
|---------------------------------------|----------------------------|------------|------------|
|                                       | Medical                    | Drug       | Combined   |
| Deductible (\$)                       | \$600.00                   | \$200.00   |            |
| Coinsurance (%; Insurer's Cost Share) | 80.00%                     | 50.00%     |            |
| MOOP (\$)                             |                            |            |            |
| MOOP if Separate (\$)                 | \$6,500.00                 | \$1,350.00 | \$7,850.00 |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

[Click Here for Important Instructions](#)

| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                              |                                     |                           |                    | Tier 1                               | Tier 2                       |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|-------------------------------------|-------------------------------------|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$250.00           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$40.00            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$400.00           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Speech Therapy   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$40.00            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$25.00            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             |                                      |                              |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$40.00            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$80.00            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>            | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$8.00             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$40.00            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       |                          |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/> |
| # Days (1-10):  |                          |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/> |
| # Visits (1-10):  |                          |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10):  |                          |

Plan Description:

Name: [MVP VT Plus] Gold 2  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic: \$10  
 VBID: \$1

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 81.98%  
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1289 seconds



625 State Street, PO Box 2207  
Schroton, NY 12901-2207  
[mvphealthcare.com](http://mvphealthcare.com)

July 11, 2019

Mr. Josh Hammerquist, FSA, MAAA  
Lewis & Ellis, Inc.  
P.O. Box 851857  
Richardson, TX 75085

Re: 2020 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-131934219

Dear Mr. Hammerquist:

This letter is in response to an objection raised by the Vermont Department of Financial Regulation (DFR) on one of the plan designs in the above referenced rate filing.

DFR is the primary regulator of medical insurance forms in the state of Vermont. While reviewing the forms underlying the rates in the above referenced SERFF rate filing, DFR has objected to MVP's original plan design for the Gold 2 non-standard plan (FRVT-HMO-G-002-N (2020)). DFR has stated that per 45 C.F.R. §§ 144.103, the updated plan design would not qualify as a "uniform modification of coverage" and therefore would need to be considered a new plan design. MVP agrees with this assessment and has created an updated plan design that would fit as a uniform modification under the regulation.

Attached are three documents supporting this change:

- Final\_2020 AVC Gold 2
- VT 2020 Exchange Rate Filing\_Change to Gold 2 Plan\_SERFF
- Rate Increase Exhibit 2019-2020\_071119\_SERFF

The first document confirms that the updated plan design fits within the "Gold" metal level and satisfies federal AV requirements. The second document provides a comparison of the originally proposed plan design and the updated plan design, as well as the quantitative derivation of the proposed rate for the updated design (using the information provided in MVP's amended rate filing, Exhibits 3 through 7). The final document provides MVP's contract-weighted rate increase using the amended filing and the updated plan design. Consistent with the calculation performed by L&E in the Actuarial Memorandum dated July 9, 2019, the impact of this plan design change on the contract weighted rate increase is a decrease of approximately 0.2%. The Gold 2 non-standard rate increase for 2020 is now proposed to be 10.4% (reduced from the 22.6% increase in the amended filing).

Sincerely,

A handwritten signature in black ink that reads "Matthew Lombardo".

Matthew Lombardo, FSA, MAAA  
Senior Leader, Actuarial Services  
MVP Health Care, Inc.

7/11/2019

Date



**MVP Health Care -- 2020 Exchange Rate Filing**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Exhibit 1a -- Comparison of 2019 to 2020 Benefits: Non-Standard Gold 2

Exhibit 7 -- 2020 Premium Rates: Non-Standard Gold 2

**Exhibit 1a -- Comparison of 2019 to 2020 Benefits by Plan: Non-Standard Gold 2**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| Form ID                                     | Product Type | Metal Level | Standard/Non-Standard | In-Network Benefits |            |               |       |             |      |                |                |                 |        |              |             |                    |                    | Pharmacy |                   |                   |  |
|---|--------------|-------------|-----------------------|---------------------|------------|---------------|-------|-------------|------|----------------|----------------|-----------------|--------|--------------|-------------|--------------------|--------------------|----------|-------------------|-------------------|--|
|   |              |             |                       | PCP                 | SCP        | IP (Med/Surg) | ER    | OP Surg     | Amb  | Med Ded Single | Med Ded Family | Deductible Type | Coins. | Med OOP Type | Rx OOP Type | Med OOP Max Single | Med OOP Max Family |          | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type   |
| FRVT-HMO-G-002-N (2019)                     | HyHMO        | Gold        | Non-Standard          | \$15 No DD          | \$40 No DD | 20%           | \$250 | 20%         | \$50 | \$850          | \$1,700        | Embedded        | 20%    | Embedded     | Embedded    | \$6,050            | \$12,100           | \$1,350  | \$2,700           | Separate          | \$5 / \$40 / 50%, \$225 / \$450 Brand Ded, VBID = \$1 #  |
| FRVT-HMO-G-002-N (2020) as originally filed | HMO          | Gold        | Non-Standard          | \$30                | \$50       | \$750         | \$250 | \$500 (Fac) | \$50 | \$0            | \$0            | Embedded        | 20%    | Embedded     | Embedded    | \$6,050            | \$12,100           | \$1,350  | \$2,700           | Separate          | \$10/\$40/50%, VBID = \$1 #                              |
| FRVT-HMO-G-002-N (2020) updated             | HyHMO        | Gold        | Non-Standard          | \$20 No DD          | \$40 No DD | 20%           | \$250 | 20%         | \$50 | \$600          | \$1,200        | Embedded        | 20%    | Embedded     | Embedded    | \$6,500            | \$13,000           | \$1,350  | \$2,700           | Separate          | \$10 / \$40 / 50%, \$200 / \$400 Brand Ded, VBID = \$1 # |

Services subject to deductible (DD) unless otherwise stated.  
 # Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met  
 Changes in benefits from 2019 to 2020 are shown in gray shading.

**Exhibit 7 -- 2020 Exchange Premium Rates: Non-Standard Gold 2**

|  |          |
|--|----------|
| 2020 Adjusted Paid Claim Cost (Exhibit 3, Line 32 of Amended Filing) | \$474.87 |
| Benefit Relativity * Induced Demand Reflected in Index Rate          | 0.7440   |
| Adjusted Claim Cost for Pricing                                      | \$638.29 |

| Coplan                                      | Product Type | Metal Level | Standard/Non-Standard | On/Off Exchange | Federal and State Combined Subsidy | Benefit Actuarial Value | Induced Utilization Factor* | Net Claim Cost PMPM | Bad Debt / CTR (% of Premium) | Administrative Expense (PMPM) | % of Premium Taxes and Assessments | PMPM Taxes and Assessments | Benefits in Excess of EHB's** | CSR Loading | Gross Claim Cost PMPM | Single*** | Double     | Parent/Child(ren) | Family     | Increase over 2019 Single Rate | Increase over 2019 Double Rate | Increase over 2019 P/C Rate | Increase over 2019 Family Rate |
|---|--------------|-------------|-----------------------|-----------------|------------------------------------|-------------------------|-----------------------------|---------------------|-------------------------------|-------------------------------|------------------------------------|----------------------------|-------------------------------|-------------|-----------------------|-----------|------------|-------------------|------------|--------------------------------|--------------------------------|-----------------------------|--------------------------------|
| FRVT-HMO-G-002-N (2020) as originally filed | HMO          | Gold        | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.876                   | 1.133                       | \$633.34            | \$13.31                       | \$42.00                       | \$9.11                             | \$2.10                     | \$0.88                        | \$0.00      | \$700.74              | \$784.51  | \$1,529.02 | \$1,475.50        | \$2,148.27 | 22.6%                          | 22.6%                          | 22.6%                       | 22.6%                          |
| FRVT-HMO-G-002-N (2020) updated             | HyHMO        | Gold        | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.812                   | 1.092                       | \$566.18            | \$12.00                       | \$42.00                       | \$8.21                             | \$2.10                     | \$0.88                        | \$0.00      | \$631.36              | \$688.81  | \$1,377.62 | \$1,329.40        | \$1,935.56 | 10.4%                          | 10.4%                          | 10.4%                       | 10.5%                          |

\*\*Reflects cost of Member Wellness Incentive Rider, Form FRVT366

\*\*\*Child Only Rate = Single Rate per Child





**MVP Health Care -- 2020 Exchange Rate Filing**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2019 to 2020 Benefits
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R
- Exhibit 3 -- Index Rate Development
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- Calculation of CSR Defunding Load
- Exhibit 7 -- 2020 Premium Rates

**Exhibit 1 -- Summary of Medical Coplans Offered**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| Form ID                     | Product Type | Metal Level  | Standard/Non-Standard | On/Off Exchange | In-Network Benefits |             |               |       |         |             |                |                |                 |           | Pharmacy  |              |             |                    |                    |                   |                   |   |                                     |
|-----------------------------|--------------|--------------|-----------------------|-----------------|---------------------|-------------|---------------|-------|---------|-------------|----------------|----------------|-----------------|-----------|-----------|--------------|-------------|--------------------|--------------------|-------------------|-------------------|---|-------------------------------------|
|                             |              |              |                       |                 | PCP                 | SCP         | IP (Med/Surg) | ER    | OP Surg | Amb         | Med Ded Single | Med Ded Family | Deductible Type | Coins.    |           | Med OOP Type | Rx OOP Type | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type  |                                     |
| FRVT-HMO-P-001-S (2020)     | HyHMO        | Platinum     | Standard              | On Exchange     | \$15 No DD          | \$40 No DD  | 10%           | \$100 | 10%     | \$60 No DD  | \$350          | \$700          | Embedded        | 10%       | Embedded  | Embedded     | \$1,350     | \$2,700            | \$1,350            | \$2,700           | Separate          | \$10/\$50/50%   |                                     |
| FRVT-HMO-G-001-S (2020)     | HyHMO        | Gold         | Standard              | On Exchange     | \$20 No DD          | \$50 No DD  | 30%           | \$150 | 30%     | \$70 No DD  | \$900          | \$1,800        | Embedded        | 30%       | Embedded  | Embedded     | \$5,000     | \$10,000           | \$1,350            | \$2,700           | Separate          | \$10/\$50/50% \$100/\$200 Brand Ded, VBIID = \$1 #                    |                                     |
| FRVT-HMO-G-002-N (2020)     | HyHMO        | Gold         | Non-Standard          | On Exchange     | \$20 No DD          | \$40 No DD  | 20%           | \$250 | 20%     | \$50        | \$700          | \$1,400        | Embedded        | 20%       | Embedded  | Embedded     | \$6,325     | \$12,750           | \$1,350            | \$2,700           | Separate          | \$10/\$50/50% \$200/\$400 Brand Ded, VBIID = \$1 #                    |                                     |
| FRVT-HMOH-G-003-N (2020)    | HDHMO        | Gold         | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%    | 0%      | 0%          | \$700          | \$5,400        | Aggregate       | 0%        | Aggregate | Aggregate    | \$2,700     | \$5,400            | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                               |                                     |
| FRVT-HMO-S-003-S (2020)     | HyHMO        | Silver       | Standard              | On Exchange     | \$35 No DD          | \$80 No DD  | 40%           | \$250 | 50%     | \$100 No DD | \$3,200        | \$6,400        | Embedded        | 40%       | Embedded  | Embedded     | \$7,900     | \$15,800           | \$1,350            | \$2,700           | Integrated        | \$15 / \$60 / 50%, \$350/\$700 Brand Ded                              |                                     |
| FRVT-HMOH-S-004-S (2020)    | HDHMO        | Silver       | Standard              | On Exchange     | 10%                 | 30%         | 30%           | 30%   | 30%     | 0%          | \$1,700        | \$3,400        | Aggregate       | 30%       | Stacked   | Aggregate    | \$6,750     | \$13,500           | \$1,400            | \$2,800           | Integrated        | \$10/\$40/50%   |                                     |
| FRVT-HMOH-S-002-N (2020)    | HDHMO        | Silver       | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%    | 0%      | 0%          | \$4,750        | \$9,500        | Embedded        | 0%        | Embedded  | Aggregate    | \$4,750     | \$9,500            | \$1,400            | \$2,800           | Integrated        | 0%/0%/0%  |                                     |
| FRVT-HMO-S-001-N (2020)     | HyHMO        | Silver       | Non-Standard          | On Exchange     | \$30**              | \$60        | 50%           | \$400 | 50%     | \$100 (Fac) | \$1,500        | \$3,000        | Embedded        | 50%       | Embedded  | Embedded     | \$6,500     | \$13,000           | \$1,350            | \$2,700           | Separate          | \$500/\$1000 Ded then \$550%/50%, VBIID = \$1 #                       |                                     |
| VT-HMO-S-003-S II (2020)    | HyHMO        | Silver       | Standard              | Off Exchange    | \$35 No DD          | \$80 No DD  | 50%           | \$250 | 50%     | \$105 No DD | \$3,200        | \$6,400        | Embedded        | 50%       | Embedded  | Embedded     | \$7,900     | \$15,800           | \$1,350            | \$2,700           | Integrated        | \$15 / \$60 / 50%, \$350 / \$700 Brand Ded                            |                                     |
| FRVT-HMOH-S-004-S II (2020) | HDHMO        | Silver       | Standard              | Off Exchange    | 10%                 | 30%         | 30%           | 30%   | 30%     | 0%          | \$1,700        | \$3,400        | Aggregate       | 30%       | Stacked   | Aggregate    | \$6,750     | \$13,500           | \$1,350            | \$2,700           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible                           |                                     |
| VT-HMOH-S-002-N II (2020)   | HDHMO        | Silver       | Non-Standard          | Off Exchange    | 0%                  | 0%          | 0%            | 0%    | 0%      | 0%          | \$4,775        | \$9,550        | Embedded        | 0%        | Embedded  | Aggregate    | \$4,775     | \$9,550            | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                               |                                     |
| FRVT-HMO-S-001-N II (2020)  | HyHMO        | Silver       | Non-Standard          | Off Exchange    | \$30**              | \$60        | 50%           | \$400 | 50%     | \$100 (Fac) | \$1,500        | \$3,000        | Embedded        | 50%       | Embedded  | Embedded     | \$6,500     | \$13,000           | \$1,350            | \$2,700           | Separate          | \$500 Ded then \$550%/50%, VBIID = \$1 #                              |                                     |
| FRVT-HMO-B-002-S (2020)     | HMO          | Bronze       | Standard              | On Exchange     | \$35                | \$90        | 50%           | 50%   | 50%     | 50%         | \$100          | \$6,000        | \$12,000        | Aggregate | 50%       | Embedded     | Embedded    | \$8,150            | \$16,300           | \$1,350           | \$2,700           | Integrated  | \$1000/\$200 Ded then \$20/\$85/60% |
| FRVT-HMOH-B-003-S (2020)    | HDHMO        | Bronze       | Standard              | On Exchange     | 50%                 | 50%         | 50%           | 50%   | 50%     | 50%         | \$5,500        | \$11,000       | Aggregate       | 50%       | Stacked   | Aggregate    | \$6,750     | \$13,500           | \$1,400            | \$2,800           | Integrated        | \$1240%/60%   |                                     |
| FRVT-HMO-B-004-S (2020)     | HMO          | Bronze       | Standard              | On Exchange     | \$40 No DD          | \$100 No DD | 0%            | 0%    | 0%      | 0%          | \$7,900        | \$15,800       | Embedded        | 0%        | Embedded  | Embedded     | \$7,900     | \$15,800           | N/A                | N/A               | N/A               | \$25 No DD0%/0%   |                                     |
| FRVT-HMO-B-005-N (2020)     | HMO          | Bronze       | Non-Standard          | On Exchange     | 0%**                | 0%          | 0%            | 0%    | 0%      | 0%          | \$7,600        | \$15,200       | Embedded        | 0%        | Embedded  | Embedded     | \$7,600     | \$15,200           | N/A                | N/A               | N/A               | \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBIID = \$1* |                                     |
| FRVT-HMO-S-001-S (2020)     | HyHMO        | Silver       | Standard              | On Exchange     | \$40                | \$100       | 50%           | 50%   | 50%     | 50%         | \$100          | \$2,000        | Embedded        | 50%       | Embedded  | Embedded     | \$8,150     | \$16,300           | \$1,350            | \$2,700           | Integrated        | \$25/\$100/60%, \$700/\$1400 Ded, VBIID = \$3 #                       |                                     |
| FRVT-HMO-C-001-N (2020)     | HMO          | Catastrophic | Standard              | On Exchange     | \$0**               | 0%          | 0%            | 0%    | 0%      | 0%          | \$8,150        | \$16,300       | Embedded        | 0%        | Embedded  | Embedded     | \$8,150     | \$16,300           | \$1,350            | \$2,700           | Integrated        | \$0 / \$0 / \$0 Subject to Med Deductible                             |                                     |

| Subsidized Cost-Sharing Benefits (Non A/IAN) |              |             |                       |                 | In-Network Benefits |            |               |       |         |              |                |                |                 |           | Pharmacy  |              |             |                    |                    |                   |                   |  |  |
|--|--------------|-------------|-----------------------|-----------------|---------------------|------------|---------------|-------|---------|--------------|----------------|----------------|-----------------|-----------|-----------|--------------|-------------|--------------------|--------------------|-------------------|-------------------|--|--|
| Coplan                                       | Product Type | Metal Level | Standard/Non-Standard | On/Off Exchange | PCP                 | SCP        | IP (Med/Surg) | ER    | OP Surg | Amb          | Med Ded Single | Med Ded Family | Deductible Type | Coins.    |           | Med OOP Type | Rx OOP Type | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type                                     |  |
| FRVT-HMO-S3-001-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$35 No DD          | \$70 No DD | 50%           | \$250 | 50%     | \$100 No DD  | \$3,100        | \$6,200        | Embedded        | 50%       | Embedded  | Embedded     | \$6,500     | \$13,000           | \$1,200            | \$2,400           | Integrated        | \$12 / \$60 / 50%, \$350 / \$700 Brand Ded       |  |
| FRVT-HMO-S3-002-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$10 No DD          | \$30 No DD | 40%           | \$250 | 40%     | \$100 No DD  | \$900          | \$1,800        | Embedded        | 40%       | Embedded  | Embedded     | \$1,900     | \$3,800            | \$400              | \$800             | Integrated        | \$10 / \$50 / 50%, \$150 / \$300 Brand Ded       |  |
| FRVT-HMO-S3-003-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$5 No DD           | \$15 No DD | 10%           | \$75  | 10%     | \$50 No DD   | \$200          | \$400          | Embedded        | 10%       | Embedded  | Embedded     | \$900       | \$1,800            | \$200              | \$400             | Integrated        | \$5 / \$20 / 30%                                 |  |
| FRVT-HMO-S3-004-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$25 No DD          | \$45 No DD | 50%           | \$250 | 50%     | \$100 No DD  | \$2,300        | \$4,600        | Embedded        | 50%       | Embedded  | Embedded     | \$5,000     | \$10,000           | \$1,000            | \$2,000           | Integrated        | \$12 / \$60 / 50%, \$250 / \$500 Brand Ded       |  |
| FRVT-HMOH-S4-001-S (2020)                    | HDHMO        | Silver      | Standard              | On Exchange     | Ded then 10%        | 25%        | 25%           | 25%   | 25%     | 25%          | \$1,700        | \$3,400        | Aggregate       | 25%       | Stacked   | Aggregate    | \$5,500     | \$11,000           | \$1,400            | \$2,800           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible      |  |
| FRVT-HMOH-S4-002-S (2020)                    | HMO          | Silver      | Standard              | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%           | \$0            | \$1,250        | \$2,500         | Aggregate | 0%        | Aggregate    | Aggregate   | \$1,250            | \$2,500            | N/A               | N/A               | N/A  | \$0 / \$0 / 0% Subject to Med Deductible |
| FRVT-HMOH-S4-003-S (2020)                    | HMO          | Silver      | Standard              | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%           | \$0            | \$550          | \$1,100         | Aggregate | 0%        | Aggregate    | Aggregate   | \$550              | \$1,100            | N/A               | N/A               | N/A  | \$0 / \$0 / 0% Subject to Med Deductible |
| FRVT-HMOH-S4-004-S (2020)                    | HDHMO        | Silver      | Standard              | On Exchange     | Ded then 10%        | 25%        | 25%           | 25%   | 25%     | 25%          | \$1,450        | \$2,900        | Aggregate       | 25%       | Aggregate | Aggregate    | \$3,400     | \$6,800            | \$1,400            | \$2,800           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible      |  |
| FRVT-HMOH-S2-001-N (2020)                    | HDHMO        | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%           | \$4,100        | \$8,200        | Embedded        | 0%        | Embedded  | Aggregate    | \$4,100     | \$8,200            | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible          |  |
| FRVT-HMOH-S2-002-N (2020)                    | HMO          | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%           | \$1,400        | \$2,800        | Embedded        | 0%        | Embedded  | Embedded     | \$1,400     | \$2,800            | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible          |  |
| FRVT-HMOH-S2-003-N (2020)                    | HMO          | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%           | \$600          | \$1,200        | Embedded        | 0%        | Embedded  | Embedded     | \$600       | \$1,200            | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible          |  |
| FRVT-HMOH-S2-004-N (2020)                    | HMO          | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%           | \$3,250        | \$6,500        | Embedded        | 0%        | Embedded  | Aggregate    | \$3,250     | \$6,500            | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible          |  |
| FRVT-HMO-S1-001-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$30**              | \$60       | 50%           | \$350 | 50%     | \$100 (Fac)  | \$1,300        | \$2,600        | Embedded        | 50%       | Embedded  | Embedded     | \$5,400     | \$10,800           | \$1,350            | \$2,700           | Separate          | \$450 Ded then \$550%/50%, VBIID = \$1 #         |  |
| FRVT-HMO-S1-002-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$5 No DD           | \$30       | 10%           | \$50  | 10%     | \$100 (Phys) | \$50           | \$0            | Embedded        | 10%       | Embedded  | Embedded     | \$2,450     | \$4,900            | \$600              | \$1,200           | Separate          | \$5 / 20% / 40%, VBIID = \$1*                    |  |
| FRVT-HMO-S1-003-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$5 No DD           | \$10       | 5%            | \$25  | 5%      | \$20 (Phys)  | \$25           | \$0            | Embedded        | 5%        | Embedded  | Embedded     | \$1,450     | \$2,900            | \$350              | \$700             | Separate          | \$5 / 5% / 5%, VBIID = \$1*                      |  |
| FRVT-HMO-S1-004-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$10**              | \$40       | 30%           | \$100 | 30%     | \$200 (Phys) | \$100          | \$500          | Embedded        | 30%       | Embedded  | Embedded     | \$5,400     | \$10,800           | \$1,350            | \$2,700           | Separate          | \$5 / 40% / 40%, \$200 / \$400 Ded, VBIID = \$1* |  |

| American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized)* |              |             |                       |                 | In-Network Benefits |             |               |       |         |             |                |                |                 |          | Pharmacy  |              |             |                    |                    |                   |                   |   |                                     |
|---|--------------|-------------|-----------------------|-----------------|---------------------|-------------|---------------|-------|---------|-------------|----------------|----------------|-----------------|----------|-----------|--------------|-------------|--------------------|--------------------|-------------------|-------------------|---|-------------------------------------|
| Form ID   | Product Type | Metal Level | Standard/Non-Standard | On/Off Exchange | PCP                 | SCP         | IP (Med/Surg) | ER    | OP Surg | Amb         | Med Ded Single | Med Ded Family | Deductible Type | Coins.   |           | Med OOP Type | Rx OOP Type | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type  |                                     |
| FRVT-HMO-PA2-001-S (2020)   | HyHMO        | Platinum    | Standard              | On Exchange     | \$15 No DD          | \$40 No DD  | 10%           | \$100 | 10%     | \$60 No DD  | \$350          | \$700          | Embedded        | 10%      | Embedded  | Embedded     | \$1,350     | \$2,700            | \$1,350            | \$2,700           | Separate          | \$10/\$50/50%   |                                     |
| FRVT-HMO-GA2-001-S (2020)   | HyHMO        | Gold        | Standard              | On Exchange     | \$20 No DD          | \$50 No DD  | 30%           | \$150 | 30%     | \$70 No DD  | \$900          | \$1,800        | Embedded        | 30%      | Embedded  | Embedded     | \$5,000     | \$10,000           | \$1,350            | \$2,700           | Separate          | \$10/\$50/50% \$100/\$200 Brand Ded, VBIID = \$1 #                    |                                     |
| FRVT-HMO-GA2-002-N (2020)   | HyHMO        | Gold        | Non-Standard          | On Exchange     | \$20 No DD          | \$40 No DD  | 20%           | \$250 | 20%     | \$50        | \$700          | \$1,400        | Embedded        | 20%      | Embedded  | Embedded     | \$6,325     | \$12,750           | \$1,350            | \$2,700           | Separate          | \$10 / \$40 / 50%, \$200 / \$400 Brand Ded, VBIID = \$1 #             |                                     |
| FRVT-HMOH-GA2-003-N (2020)  | HDHMO        | Gold        | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%    | 0%      | 0%          | \$2,700        | \$5,400        | Aggregate       | 0%       | Aggregate | Aggregate    | \$2,700     | \$5,400            | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                               |                                     |
| FRVT-HMO-SA2-003-S (2020)   | HyHMO        | Silver      | Standard              | On Exchange     | \$35 No DD          | \$80 No DD  | 40%           | \$250 | 50%     | \$100 No DD | \$3,200        | \$6,400        | Embedded        | 40%      | Embedded  | Embedded     | \$7,900     | \$15,800           | \$1,350            | \$2,700           | Integrated        | \$15 / \$60 / 50%, \$350/\$700 Brand Ded                              |                                     |
| FRVT-HMOH-SA2-004-S (2020)  | HDHMO        | Silver      | Standard              | On Exchange     | 10%                 | 30%         | 30%           | 30%   | 30%     | 30%         | \$1,700        | \$3,400        | Aggregate       | 30%      | Stacked   | Aggregate    | \$6,750     | \$13,500           | \$1,350            | \$2,700           | Integrated        | \$10/\$40/50%   |                                     |
| FRVT-HMOH-SA2-002-N (2020)  | HDHMO        | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%    | 0%      | 0%          | \$4,750        | \$9,500        | Embedded        | 0%       | Embedded  | Aggregate    | \$4,750     | \$9,500            | \$1,350            | \$2,700           | Integrated        | 0%/0%/0%  |                                     |
| FRVT-HMO-SA2-001-N (2020)   | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$30**              | \$60        | 50%           | \$400 | 50%     | \$100 (Fac) | \$1,500        | \$3,000        | Embedded        | 50%      | Embedded  | Embedded     | \$6,500     | \$13,000           | \$1,350            | \$2,700           | Separate          | \$500/\$1000 Ded then \$550%/50%, VBIID = \$1 #                       |                                     |
| FRVT-HMO-BA2-002-S (2020)   | HyHMO        | Bronze      | Standard              | On Exchange     | \$35                | \$90        | 50%           | 50%   | 50%     | 50%         | \$100          | \$6,000        | \$12,000        | Embedded | 50%       | Embedded     | Embedded    | \$8,200            | \$16,400           | \$1,350           | \$2,700           | Integrated  | \$1000/\$200 Ded then \$20/\$85/60% |
| FRVT-HMOH-BA2-003-S (2020)  | HDHMO        | Bronze      | Standard              | On Exchange     | 50%                 | 50%         | 50%           | 50%   | 50%     | 50%         | \$5,500        | \$11,000       | Aggregate       | 50%      | Stacked   | Aggregate    | \$6,750     | \$13,500           | \$1,350            | \$2,700           | Integrated        | \$1240%/60%   |                                     |
| FRVT-HMO-BA2-004-S (2020)   | HyHMO        | Bronze      | Standard              | On Exchange     | \$40 No DD          | \$100 No DD | 0%            | 0%    | 0%      | 0%          | \$7,900        | \$15,800       | Aggregate       | 0%       | Embedded  | Embedded     | \$7,900     | \$15,800           | N/A                | N/A               | N/A               | \$25 No DD0%/0%   |                                     |
| FRVT-HMO-BA2-005-N (2020)   | HyHMO        | Bronze      | Non-Standard          | On Exchange     | 0%**                | 0%          | 0%            | 0%    | 0%      | 0%          | \$7,600        | \$15,200       | Embedded        | 0%       | Embedded  | Embedded     | \$7,600     | \$15,200           | N/A                | N/A               | N/A               | \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBIID = \$1* |                                     |
| FRVT-HMO-BA2-001-N (2020)   | HyHMO        | Bronze      | Non-Standard          | On Exchange     | \$40**              | \$100       | 50%           | 50%   | 50%     | 50%         | \$100          | \$2,000        | Embedded        | 50%      | Embedded  | Embedded     | \$8,150     | \$16,300           | \$1,350            | \$2,700           | Integrated        | \$25/\$100/60%, \$700/\$1400 Ded, VBIID = \$3 #                       |                                     |

| American Indian and Alaskan Native (AI/AN) Benefits (Subsidized) |              |             |                       |                 | In-Network Benefits |     |               |    |         |     |                |                |                 |        | Pharmacy |              |
|--|--------------|-------------|-----------------------|-----------------|---------------------|-----|---------------|----|---------|-----|----------------|----------------|-----------------|--------|----------|--------------|
| Coplan   | Product Type | Metal Level | Standard/Non-Standard | On/Off Exchange | PCP                 | SCP | IP (Med/Surg) | ER | OP Surg | Amb | Med Ded Single | Med Ded Family | Deductible Type | Coins. |          | Med OOP Type |

**Exhibit 1a -- Comparison of 2019 to 2020 Benefits by Plan**  
 MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| Form ID                  | Product Type | Metal Level  | Standard/Non-Standard | In-Network Benefits |             |               |       |               |              |                |                |                 |          |              |             |                    | Pharmacy |                    |                   |                   |   |  |
|--------------------------|--------------|--------------|-----------------------|---------------------|-------------|---------------|-------|---------------|--------------|----------------|----------------|-----------------|----------|--------------|-------------|--------------------|----------|--------------------|-------------------|-------------------|---|--|
|                          |              |              |                       | PCP                 | SCP         | IP (Med/Surg) | ER    | OP Surg       | Amb          | Med Ded Single | Med Ded Family | Deductible Type | Coins.   | Med OOP Type | Rx OOP Type | Med OOP Max Single |          | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type  |  |
| FRVT-HMO-P-001-S (2019)  | HyHMO        | Platinum     | Standard              | \$10 No DD          | \$30 No DD  | 10%           | \$10  | 10%           | \$100        | \$50 No DD     | \$350          | \$700           | Embedded | 10%          | Embedded    | Embedded           | \$1,350  | \$2,700            | \$1,350           | \$2,700           | Separate  | \$5 / \$50 / 50%                                     |
| FRVT-HMO-P-001-S (2020)  | HyHMO        | Platinum     | Standard              | \$35 No DD          | \$40 No DD  | 10%           | \$100 | 10%           | \$100        | \$60 No DD     | \$350          | \$700           | Embedded | 10%          | Embedded    | Embedded           | \$1,350  | \$2,700            | \$1,350           | \$2,700           | Separate  | \$10 / \$50 / 50%                                    |
| FRVT-HMO-G-001-S (2019)  | HyHMO        | Gold         | Standard              | \$15 No DD          | \$30 No DD  | 30%           | \$150 | 30%           | \$50 No DD   | \$850          | \$1,700        | Embedded        | 30%      | Embedded     | Embedded    | \$4,700            | \$9,400  | \$1,350            | \$2,700           | Separate          | \$10 / \$50 / 50%, \$100 / \$200 Brand Ded                            |  |
| FRVT-HMO-G-001-S (2020)  | HyHMO        | Gold         | Standard              | \$20 No DD          | \$50 No DD  | 30%           | \$150 | 30%           | \$70 No DD   | \$900          | \$1,800        | Embedded        | 30%      | Embedded     | Embedded    | \$5,700            | \$10,000 | \$1,350            | \$2,700           | Separate          | \$10/\$50/50%, \$100/\$200 Brand Ded                                  |  |
| FRVT-HMO-G-002-N (2019)  | HyHMO        | Gold         | Non-Standard          | \$15 No DD          | \$40 No DD  | 20%           | \$250 | 20%           | \$50         | \$850          | \$1,700        | Embedded        | 20%      | Embedded     | Embedded    | \$6,050            | \$12,100 | \$1,350            | \$2,700           | Separate          | \$5 / \$40 / 50%, \$225 / \$450 Brand Ded, VBID = \$1 #               |  |
| FRVT-HMO-G-002-N (2020)  | HMO          | Gold         | Non-Standard          | \$20 No DD          | \$40 No DD  | 20%           | \$250 | 20%           | \$50         | \$700          | \$1,400        | Embedded        | 20%      | Embedded     | Embedded    | \$6,325            | \$12,750 | \$1,350            | \$2,700           | Separate          | \$10 / \$40 / 50%, \$200 / \$400 Brand Ded, VBID = \$1 #              |  |
| FRVT-HMOH-G-003-N (2019) | HDHMO        | Gold         | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%           | \$2,700        | \$5,400        | Aggregate       | 0%       | Aggregate    | Aggregate   | \$2,700            | \$5,400  | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                               |  |
| FRVT-HMOH-G-003-N (2020) | HDHMO        | Gold         | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%           | \$2,700        | \$5,400        | Aggregate       | 0%       | Aggregate    | Aggregate   | \$2,700            | \$5,400  | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                               |  |
| FRVT-HMO-S-003-S (2019)  | HyHMO        | Silver       | Standard              | \$30 No DD          | \$75 No DD  | 40%           | \$250 | 40%           | \$100 No DD  | \$2,800        | \$5,600        | Embedded        | 40%      | Embedded     | Embedded    | \$7,500            | \$15,000 | \$1,350            | \$2,700           | Integrated        | \$15 / \$60 / 50%, \$300 / \$600 Brand Ded                            |  |
| FRVT-HMO-S-003-S (2020)  | HyHMO        | Silver       | Standard              | \$35 No DD          | \$80 No DD  | 40%           | \$250 | 50%           | \$100 No DD  | \$2,800        | \$6,400        | Embedded        | 40%      | Embedded     | Embedded    | \$7,800            | \$15,800 | \$1,350            | \$2,700           | Integrated        | \$15 / \$60 / 50%, \$350 / \$700 Brand Ded                            |  |
| FRVT-HMOH-S-004-S (2019) | HDHMO        | Silver       | Standard              | 10%                 | 30%         | 30%           | 30%   | 30%           | 30%          | \$1,550        | \$3,100        | Aggregate       | 30%      | Stacked      | Aggregate   | \$6,650            | \$13,300 | \$1,350            | \$2,700           | Integrated        | \$10 / \$40 / 50%, Subject to Med Deductible                          |  |
| FRVT-HMOH-S-004-S (2020) | HDHMO        | Silver       | Standard              | 10%                 | 30%         | 30%           | 30%   | 30%           | 30%          | \$1,700        | \$3,400        | Aggregate       | 30%      | Stacked      | Aggregate   | \$6,750            | \$13,500 | \$1,400            | \$2,800           | Integrated        | \$10/\$40/50%   |  |
| FRVT-HMOH-S-002-N (2019) | HDHMO        | Silver       | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%           | \$4,100        | \$8,200        | Embedded        | 0%       | Embedded     | Aggregate   | \$4,100            | \$8,200  | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                               |  |
| FRVT-HMOH-S-002-N (2020) | HDHMO        | Silver       | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%           | \$4,750        | \$9,500        | Embedded        | 0%       | Embedded     | Aggregate   | \$4,750            | \$9,500  | \$1,400            | \$2,800           | Integrated        | 0%/0%/0%  |  |
| FRVT-HMO-S-001-N (2019)  | HyHMO        | Silver       | Non-Standard          | \$30**              | \$60        | 50%           | \$400 | \$1,400 (Fac) | \$600 (Phys) | \$100          | \$1,400        | \$2,800         | Embedded | 50%          | Embedded    | Embedded           | \$6,050  | \$12,100           | \$1,350           | \$2,700           | Separate  | \$5 / 50% / 50%, \$400 / \$800 Ded, VBID = \$1 #     |
| FRVT-HMO-S-001-N (2020)  | HyHMO        | Silver       | Non-Standard          | \$30**              | \$60        | 50%           | \$400 | \$1,400 (Fac) | \$300 (Phys) | \$100          | \$1,500        | \$3,000         | Embedded | 50%          | Embedded    | Embedded           | \$6,500  | \$13,000           | \$1,350           | \$2,700           | Separate  | \$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #      |
| FRVT-HMO-B-002-S (2019)  | HMO          | Bronze       | Standard              | \$35                | \$90        | 50%           | 50%   | 50%           | 50%          | \$100          | \$5,500        | \$11,000        | Embedded | 50%          | Embedded    | Embedded           | \$7,900  | \$15,800           | \$1,350           | \$2,700           | Integrated  | \$20 / \$85 / 60%, \$900 / \$1,800 Ded               |
| FRVT-HMO-B-002-S (2020)  | HMO          | Bronze       | Standard              | \$35                | \$90        | 50%           | 50%   | 50%           | 50%          | \$100          | \$6,000        | \$12,000        | Embedded | 50%          | Embedded    | Embedded           | \$8,150  | \$16,300           | \$1,350           | \$2,700           | Integrated  | \$1000/\$1200 Ded then \$20/\$85/60%                 |
| FRVT-HMOH-B-003-S (2019) | HDHMO        | Bronze       | Standard              | 50%                 | 50%         | 50%           | 50%   | 50%           | 50%          | \$5,250        | \$10,500       | Aggregate       | 50%      | Stacked      | Aggregate   | \$6,650            | \$13,300 | \$1,350            | \$2,700           | Integrated        | \$12 / 40% / 60%, Subject to Med Deductible                           |  |
| FRVT-HMOH-B-003-S (2020) | HDHMO        | Bronze       | Standard              | 50%                 | 50%         | 50%           | 50%   | 50%           | 50%          | \$5,500        | \$11,000       | Aggregate       | 50%      | Stacked      | Aggregate   | \$6,750            | \$13,500 | \$1,400            | \$2,800           | Integrated        | \$12/40%/60%  |  |
| FRVT-HMO-B-004-S (2019)  | HyHMO        | Bronze       | Standard              | \$40 No DD          | \$100 No DD | 0%            | 0%    | 0%            | 0%           | \$7,800        | \$15,200       | Embedded        | 0%       | Embedded     | Embedded    | \$7,600            | \$15,200 | N/A                | N/A               | N/A               | \$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible               |  |
| FRVT-HMO-B-004-S (2020)  | HMO          | Bronze       | Standard              | \$40 No DD          | \$100 No DD | 0%            | 0%    | 0%            | 0%           | \$7,800        | \$15,800       | Embedded        | 0%       | Embedded     | Embedded    | \$7,900            | \$15,800 | N/A                | N/A               | N/A               | \$25 No DD/0%/0%  |  |
| FRVT-HMO-B-005-N (2019)  | HyHMO        | Bronze       | Non-Standard          | 0%**                | 0%          | 0%            | 0%    | 0%            | 0%           | \$7,600        | \$15,200       | Embedded        | 0%       | Embedded     | Embedded    | \$7,600            | \$15,200 | N/A                | N/A               | N/A               | \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 # |  |
| FRVT-HMO-B-005-N (2020)  | HMO          | Bronze       | Non-Standard          | 0%**                | 0%          | 0%            | 0%    | 0%            | 0%           | \$7,600        | \$15,200       | Embedded        | 0%       | Embedded     | Embedded    | \$7,600            | \$15,200 | N/A                | N/A               | N/A               | \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBID = \$3 # |  |
| FRVT-HMO-B-001-N (2019)  | HyHMO        | Bronze       | Non-Standard          | \$40                | \$100       | 50%           | 50%   | 50%           | 50%          | \$100          | \$6,750        | \$13,500        | Embedded | 50%          | Embedded    | Embedded           | \$7,900  | \$15,800           | \$1,350           | \$2,700           | Integrated  | \$20 / \$90 / 60%, \$550 / \$1,100 Ded, VBID = \$3 # |
| FRVT-HMO-B-001-N (2020)  | HMO          | Bronze       | Non-Standard          | \$40                | \$100       | 50%           | 50%   | 50%           | 50%          | \$100          | \$7,250        | \$14,500        | Embedded | 50%          | Embedded    | Embedded           | \$8,000  | \$16,000           | N/A               | N/A               | N/A   | \$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #       |
| FRVT-HMO-C-001-N (2019)  | HMO          | Catastrophic | Standard              | \$0**               | \$0         | 0%            | \$0   | 0%            | 0%           | \$0            | \$7,900        | \$15,800        | Embedded | 0%           | Embedded    | Embedded           | \$7,900  | \$15,800           | \$1,350           | \$2,700           | Integrated  | \$0 / \$0 / \$0 Subject to Med Deductible            |
| FRVT-HMO-C-001-N (2020)  | HMO          | Catastrophic | Standard              | \$0**               | \$0         | 0%            | \$0   | 0%            | 0%           | \$0            | \$8,150        | \$16,300        | Embedded | 0%           | Embedded    | Embedded           | \$8,150  | \$16,300           | \$1,350           | \$2,700           | Integrated  | \$0 / \$0 / \$0 Subject to Med Deductible            |

| Subsidized Cost-Sharing Benefits (Non AI/AN) |              |             |                       | In-Network Benefits |            |               |       |         |             |                |                |                 |        |              |             |                    | Pharmacy |                    |                   |                   |  |
|--|--------------|-------------|-----------------------|---------------------|------------|---------------|-------|---------|-------------|----------------|----------------|-----------------|--------|--------------|-------------|--------------------|----------|--------------------|-------------------|-------------------|--|
| Coplan                                       | Product Type | Metal Level | Standard/Non-Standard | PCP                 | SCP        | IP (Med/Surg) | ER    | OP Surg | Amb         | Med Ded Single | Med Ded Family | Deductible Type | Coins. | Med OOP Type | Rx OOP Type | Med OOP Max Single |          | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type                                 |
| FRVT-HMO-S3-001-S (2019)                     | HyHMO        | Silver      | Standard              | \$30 No DD          | \$65 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$2,700        | \$5,400        | Embedded        | 40%    | Embedded     | Embedded    | \$6,300            | \$12,600 | \$1,200            | \$2,400           | Integrated        | \$12 / \$60 / 50%, \$300 / \$600 Brand Ded   |
| FRVT-HMO-S3-001-S (2020)                     | HyHMO        | Silver      | Standard              | \$35 No DD          | \$70 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$3,000        | \$6,000        | Embedded        | 40%    | Embedded     | Embedded    | \$6,600            | \$13,200 | \$1,200            | \$2,400           | Integrated        | \$12 / \$60 / 50%, \$350 / \$700 Brand Ded   |
| FRVT-HMO-S3-002-S (2019)                     | HyHMO        | Silver      | Standard              | \$10 No DD          | \$30 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$800          | \$1,600        | Embedded        | 40%    | Embedded     | Embedded    | \$1,800            | \$3,600  | \$400              | \$800             | Integrated        | \$10 / \$50 / 50%, \$150 / \$300 Brand Ded   |
| FRVT-HMO-S3-002-S (2020)                     | HyHMO        | Silver      | Standard              | \$10 No DD          | \$30 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$900          | \$1,800        | Embedded        | 40%    | Embedded     | Embedded    | \$1,900            | \$3,800  | \$400              | \$800             | Integrated        | \$10 / \$50 / 50%, \$150 / \$300 Brand Ded   |
| FRVT-HMO-S3-003-S (2019)                     | HyHMO        | Silver      | Standard              | \$5 No DD           | \$15 No DD | 10%           | \$75  | 10%     | \$50 No DD  | \$150          | \$300          | Embedded        | 10%    | Embedded     | Embedded    | \$900              | \$1,800  | \$200              | \$400             | Integrated        | \$5 / \$20 / 30%                             |
| FRVT-HMO-S3-003-S (2020)                     | HyHMO        | Silver      | Standard              | \$5 No DD           | \$15 No DD | 10%           | \$75  | 10%     | \$50 No DD  | \$200          | \$400          | Embedded        | 10%    | Embedded     | Embedded    | \$900              | \$1,800  | \$200              | \$400             | Integrated        | \$5 / \$20 / 30%                             |
| FRVT-HMO-S3-004-S (2019)                     | HyHMO        | Silver      | Standard              | \$20 No DD          | \$40 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$2,200        | \$4,400        | Embedded        | 40%    | Embedded     | Embedded    | \$4,900            | \$9,800  | \$1,000            | \$2,000           | Integrated        | \$12 / \$60 / 50%, \$200 / \$400 Brand Ded   |
| FRVT-HMO-S3-004-S (2020)                     | HyHMO        | Silver      | Standard              | \$25 No DD          | \$45 No DD | 50%           | \$250 | 50%     | \$100 No DD | \$2,300        | \$4,600        | Embedded        | 50%    | Embedded     | Embedded    | \$5,000            | \$10,000 | \$1,000            | \$2,000           | Integrated        | \$12 / \$60 / 50%, \$250 / \$500 Brand Ded   |
| FRVT-HMOH-S4-001-S (2019)                    | HDHMO        | Silver      | Standard              | 10%                 | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,550        | \$3,100        | Aggregate       | 25%    | Stacked      | Aggregate   | \$4,800            | \$9,600  | \$1,350            | \$2,700           | Integrated        | \$10 / \$40 / 50%, Subject to Med Deductible |
| FRVT-HMOH-S4-001-S (2020)                    | HDHMO        | Silver      | Standard              | Ded then 10%        | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,700        | \$3,400        | Aggregate       | 25%    | Stacked      | Aggregate   | \$5,000            | \$10,000 | \$1,400            | \$2,800           | Integrated        | \$10 / \$40 / 50%, Subject to Med Deductible |
| FRVT-HMOH-S4-002-S (2019)                    | HyHMO        | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,200        | \$2,400        | Aggregate       | 0%     | Aggregate    | Aggregate   | \$1,200            | \$2,400  | N/A                | N/A               | N/A               | \$0 / \$0 / 0%, Subject to Med Deductible    |
| FRVT-HMOH-S4-002-S (2020)                    | HyHMO        | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,250        | \$2,500        | Aggregate       | 0%     | Aggregate    | Aggregate   | \$1,250            | \$2,500  | N/A                | N/A               | N/A               | \$0 / \$0 / 0%, Subject to Med Deductible    |
| FRVT-HMOH-S4-003-S (2019)                    | HyHMO        | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$550          | \$1,100        | Aggregate       | 0%     | Aggregate    | Aggregate   | \$550              | \$1,100  | N/A                | N/A               | N/A               | \$0 / \$0 / 0%, Subject to Med Deductible    |
| FRVT-HMOH-S4-003-S (2020)                    | HMO          | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$550          | \$1,100        | Aggregate       | 0%     | Aggregate    | Aggregate   | \$550              | \$1,100  | N/A                | N/A               | N/A               | \$0 / \$0 / 0%, Subject to Med Deductible    |
| FRVT-HMOH-S4-004-S (2019)                    | HDHMO        | Silver      | Standard              | 10%                 | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,350        | \$2,700        | Aggregate       | 25%    | Aggregate    | Aggregate   | \$3,300            | \$6,600  | \$1,350            | \$2,700           | Integrated        | \$10 / \$40 / 50%, Subject to Med Deductible |
| FRVT-HMOH-S4-004-S (2020)                    | HDHMO        | Silver      | Standard              | Ded then 10%        | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,450        | \$2,900        | Aggregate       | 25%    | Aggregate    | Aggregate   | \$3,400            | \$6,800  | \$1,400            | \$2,800           | Integrated        | \$10 / \$40 / 50%, Subject to Med Deductible |
| FRVT-HMOH-S2-001-S (2019)                    | HDHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$3,750        | \$7,500        | Embedded        | 0%     | Embedded     | Aggregate   | \$3,750            | \$7,500  | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible      |
| FRVT-HMOH-S2-001-N (2020)                    | HDHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$4,100        | \$8,200        | Embedded        | 0%     | Embedded     | Aggregate   | \$4,100            | \$8,200  | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible      |
| FRVT-HMOH-S2-002-S (2019)                    | HyHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,150        | \$2,300        | Embedded        | 0%     | Embedded     | Embedded    | \$1,150            | \$2,300  | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible      |
| FRVT-HMOH-S2-002-N (2020)                    | HMO          | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,400        | \$2,800        | Embedded        | 0%     | Embedded     | Embedded    | \$1,400            | \$2,800  | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible      |
| FRVT-HMOH-S2-003-S (2019)                    | HyHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$425          | \$850          | Embedded        | 0%     | Embedded     | Embedded    | \$425              | \$850    | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible      |
| FRVT-HMOH-S2-003-N (2020)                    | HMO          | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$600          | \$1,200        | Embedded        | 0%     | Embedded     | Embedded    | \$600              | \$1,200  | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible      |
| FRVT-HMOH-S2-004-S (2019)                    | HDHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$2,800        | \$5,600        | Embedded        | 0%     | Embedded     | Aggregate   | \$2,800            | \$5,600  | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible      |
| FRVT-HMOH-S2-004-N (2020)                    | HMO          | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$3,25         |                |                 |        |              |             |                    |          |                    |                   |                   |  |

**Exhibit 2 -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Experience Period: January 1, 2018 - December 31, 2018  
Rating Period: January 1, 2020 - December 31, 2020

| Months of Trend | 2019 | 2020 | Total |
|-----------------|------|------|-------|
|                 | 12   | 12   | 24    |

**Medical Trend Summary****2019 Annual Trend**

|                      | % of Allowed Claims | Unit Cost   | Utilization | Total       |
|----------------------|---------------------|-------------|-------------|-------------|
| IP                   | 21.1%               | 5.0%        | 0.0%        | 5.0%        |
| OP                   | 48.2%               | 4.0%        | 0.0%        | 4.0%        |
| PHY                  | 28.9%               | 2.2%        | 0.0%        | 2.2%        |
| OTR                  | 1.8%                | 4.0%        | 0.0%        | 4.0%        |
| <b>Medical Total</b> |                     | <b>3.7%</b> | <b>0.0%</b> | <b>3.7%</b> |

**2020 Annual Trend**

|                      | % of Allowed Claims | Unit Cost   | Utilization | Total       |
|----------------------|---------------------|-------------|-------------|-------------|
| IP                   | 21.4%               | 6.2%        | 0.0%        | 6.2%        |
| OP                   | 48.3%               | 5.2%        | 0.0%        | 5.2%        |
| PHY                  | 28.5%               | 1.5%        | 0.0%        | 1.5%        |
| OTR                  | 1.8%                | 2.0%        | 0.0%        | 2.0%        |
| <b>Medical Total</b> |                     | <b>4.3%</b> | <b>0.0%</b> | <b>4.3%</b> |

Annual Allowed Medical Trend **4.0%**

**Leveraging Impact - Fee-For-Service Medical Claims**

|                            | Allowed-COB | Coinsurance | Copay  | Deductible | Paid*        |
|----------------------------|-------------|-------------|--------|------------|--------------|
| Rating Period:             | \$393.56    | \$10.58     | \$7.36 | \$58.33    | \$317.28     |
| 24 Months of Trend:        | 1.081       | 1.081       | 1.000  | 1.030      | <b>1.093</b> |
| Projection Period:         | \$425.59    | \$11.44     | \$7.36 | \$60.11    | \$346.67     |
| Allowed Trend (Annual)     | 4.0%        |             |        |            |              |
| Paid Trend (Annual)        | 4.5%        |             |        |            |              |
| <b>Leveraging (Annual)</b> | <b>0.5%</b> |             |        |            |              |

**Rx Trend Summary**

|           | 2019 Trend |             | 2020 Trend |             | Annualized Trend |             |
|-----------|------------|-------------|------------|-------------|------------------|-------------|
|           | Unit Cost  | Utilization | Unit Cost  | Utilization | Unit Cost        | Utilization |
| Generic   | 17.8%      | 2.9%        | -5.2%      | 2.5%        | 5.7%             | 2.7%        |
| Brand     | 11.7%      | -8.9%       | 8.6%       | -1.3%       | 10.1%            | -5.2%       |
| Specialty | -0.4%      | 6.0%        | 7.5%       | 7.4%        | 3.5%             | 6.7%        |

**Exhibit 2b -- Rx Trend Development**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| <u>Rx Claim Information</u>               | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 10,457  | 898      | 100        | 11,455    |
| Experience Period Allowed Cost per Script | \$17.09 | \$313.51 | \$4,458.04 | \$79.22   |
| Experience Period Deductible Per Script   | \$3.56  | \$24.20  | \$79.63    | \$5.85    |
| Experience Period Copay Per Script        | \$2.68  | \$10.14  | \$11.96    | \$3.35    |
| Experience Period Coinsurance Per Script  | \$0.98  | \$15.46  | \$31.64    | \$2.38    |
| Experience Period Paid Cost Per Script    | \$9.87  | \$263.72 | \$4,334.81 | \$67.64   |
| Experience Period Allowed PMPM            | \$14.89 | \$23.46  | \$37.27    | \$75.62   |
| Experience Period Deductible PMPM         | \$3.10  | \$1.81   | \$0.67     | \$5.58    |
| Experience Period Copay PMPM              | \$2.34  | \$0.76   | \$0.10     | \$3.20    |
| Experience Period Coinsurance PMPM        | \$0.85  | \$1.16   | \$0.26     | \$2.27    |
| Experience Period Paid PMPM               | \$8.60  | \$19.73  | \$36.24    | \$64.57   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$14.83) |
| Annual Util Trend                         | 1.027   | 0.948    | 1.067      | 1.022     |
| Annual Unit Cost Trend                    | 1.057   | 1.101    | 1.035      | 1.059     |
| Annual Allowed Trend                      | 1.086   | 1.044    | 1.104      | 1.082     |
| Annual Deductible Trend                   | 1.015   | 1.015    | 1.015      | 1.015     |
| Annual Paid Trend                         | 1.116   | 1.055    | 1.105      | 1.091     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1.096     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 11,037  | 807      | 114        | 11,958    |
| Projected Allowed Cost per Script         | \$19.09 | \$380.21 | \$4,774.45 | \$88.88   |
| Projected Deductible Per Script           | \$3.67  | \$24.94  | \$82.05    | \$5.85    |
| Projected Copay Per Script                | \$2.68  | \$10.14  | \$11.96    | \$3.27    |
| Projected Coinsurance Per Script          | \$1.09  | \$18.75  | \$33.89    | \$2.60    |
| Projected Paid Cost Per Script            | \$11.64 | \$326.39 | \$4,646.55 | \$77.15   |
| Projected Allowed PMPM                    | \$17.56 | \$25.57  | \$45.44    | \$88.57   |
| Projected Deductible PMPM                 | \$3.38  | \$1.68   | \$0.78     | \$5.83    |
| Projected Copay PMPM                      | \$2.47  | \$0.68   | \$0.11     | \$3.26    |
| Projected Coinsurance PMPM                | \$1.00  | \$1.26   | \$0.32     | \$2.59    |
| Projected Paid PMPM                       | \$10.71 | \$21.95  | \$44.22    | \$76.88   |
| Projected Rx Rebates                      |         |          |            | (\$17.11) |
| Net Projected Paid PMPM                   |         |          |            | \$59.78   |

**Exhibit 2b -- Rx Trend Development (Small ACA)**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| <u>Rx Claim Information</u>               | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 10,414  | 872      | 97         | 11,383    |
| Experience Period Allowed Cost per Script | \$18.08 | \$309.39 | \$4,573.13 | \$79.18   |
| Experience Period Deductible Per Script   | \$3.84  | \$28.08  | \$77.76    | \$6.33    |
| Experience Period Copay Per Script        | \$3.10  | \$13.57  | \$16.39    | \$4.01    |
| Experience Period Coinsurance Per Script  | \$1.06  | \$12.68  | \$25.88    | \$2.17    |
| Experience Period Paid Cost Per Script    | \$10.07 | \$255.06 | \$4,453.10 | \$66.67   |
| Experience Period Allowed PMPM            | \$15.69 | \$22.49  | \$36.93    | \$75.11   |
| Experience Period Deductible PMPM         | \$3.34  | \$2.04   | \$0.63     | \$6.01    |
| Experience Period Copay PMPM              | \$2.69  | \$0.99   | \$0.13     | \$3.81    |
| Experience Period Coinsurance PMPM        | \$0.92  | \$0.92   | \$0.21     | \$2.05    |
| Experience Period Paid PMPM               | \$8.74  | \$18.54  | \$35.96    | \$63.24   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$14.87) |
| Annual Util Trend                         | 1.027   | 0.948    | 1.067      | 1.022     |
| Annual Unit Cost Trend                    | 1.057   | 1.101    | 1.035      | 1.060     |
| Annual Allowed Trend                      | 1.086   | 1.044    | 1.104      | 1.083     |
| Annual Deductible Trend                   | 1.015   | 1.015    | 1.015      | 1.015     |
| Annual Paid Trend                         | 1.119   | 1.057    | 1.105      | 1.093     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1.104     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 10,992  | 784      | 110        | 11,886    |
| Projected Allowed Cost per Script         | \$20.19 | \$375.20 | \$4,897.71 | \$88.88   |
| Projected Deductible Per Script           | \$3.96  | \$28.92  | \$80.09    | \$6.31    |
| Projected Copay Per Script                | \$3.10  | \$13.57  | \$16.39    | \$3.91    |
| Projected Coinsurance Per Script          | \$1.19  | \$15.38  | \$27.72    | \$2.37    |
| Projected Paid Cost Per Script            | \$11.95 | \$317.34 | \$4,773.51 | \$76.28   |
| Projected Allowed PMPM                    | \$18.50 | \$24.51  | \$45.02    | \$88.03   |
| Projected Deductible PMPM                 | \$3.63  | \$1.89   | \$0.74     | \$6.25    |
| Projected Copay PMPM                      | \$2.84  | \$0.89   | \$0.15     | \$3.87    |
| Projected Coinsurance PMPM                | \$1.09  | \$1.00   | \$0.25     | \$2.35    |
| Projected Paid PMPM                       | \$10.94 | \$20.73  | \$43.88    | \$75.56   |
| Projected Rx Rebates                      |         |          |            | (\$16.63) |
| Net Projected Paid PMPM                   |         |          |            | \$58.93   |

**Exhibit 2b -- Rx Trend Development (Individual ACA)**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| <u>Rx Claim Information</u>               | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 10,617  | 937      | 103        | 11,657    |
| Experience Period Allowed Cost per Script | \$15.80 | \$318.63 | \$4,219.28 | \$77.42   |
| Experience Period Deductible Per Script   | \$2.81  | \$16.55  | \$70.17    | \$4.51    |
| Experience Period Copay Per Script        | \$2.31  | \$6.50   | \$7.88     | \$2.70    |
| Experience Period Coinsurance Per Script  | \$0.93  | \$20.37  | \$42.76    | \$2.86    |
| Experience Period Paid Cost Per Script    | \$9.75  | \$275.21 | \$4,088.47 | \$67.36   |
| Experience Period Allowed PMPM            | \$13.98 | \$24.88  | \$36.35    | \$75.21   |
| Experience Period Deductible PMPM         | \$2.48  | \$1.29   | \$0.60     | \$4.38    |
| Experience Period Copay PMPM              | \$2.04  | \$0.51   | \$0.07     | \$2.62    |
| Experience Period Coinsurance PMPM        | \$0.82  | \$1.59   | \$0.37     | \$2.78    |
| Experience Period Paid PMPM               | \$8.63  | \$21.49  | \$35.31    | \$65.43   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$14.15) |
| Annual Util Trend                         | 1,027   | 0,948    | 1,067      | 1,022     |
| Annual Unit Cost Trend                    | 1,057   | 1,101    | 1,035      | 1,058     |
| Annual Allowed Trend                      | 1,086   | 1,044    | 1,104      | 1,081     |
| Annual Deductible Trend                   | 1,016   | 1,016    | 1,016      | 1,016     |
| Annual Paid Trend                         | 1,111   | 1,051    | 1,105      | 1,088     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1,082     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 11,205  | 842      | 118        | 12,165    |
| Projected Allowed Cost per Script         | \$17.64 | \$386.41 | \$4,518.74 | \$86.73   |
| Projected Deductible Per Script           | \$2.90  | \$17.08  | \$72.40    | \$4.55    |
| Projected Copay Per Script                | \$2.31  | \$6.50   | \$7.88     | \$2.65    |
| Projected Coinsurance Per Script          | \$1.04  | \$24.70  | \$45.79    | \$3.11    |
| Projected Paid Cost Per Script            | \$11.40 | \$338.14 | \$4,392.67 | \$76.41   |
| Projected Allowed PMPM                    | \$16.48 | \$27.12  | \$44.32    | \$87.92   |
| Projected Deductible PMPM                 | \$2.71  | \$1.20   | \$0.71     | \$4.61    |
| Projected Copay PMPM                      | \$2.16  | \$0.46   | \$0.08     | \$2.69    |
| Projected Coinsurance PMPM                | \$0.97  | \$1.73   | \$0.45     | \$3.15    |
| Projected Paid PMPM                       | \$10.64 | \$23.73  | \$43.08    | \$77.46   |
| Projected Rx Rebates                      |         |          |            | (\$17.42) |
| Net Projected Paid PMPM                   |         |          |            | \$60.05   |

**Exhibit 2b -- Rx Trend Development (Small Grandfathered)**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| <u>Rx Claim Information</u>               | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 9,561   | 853      | 113        | 10,527    |
| Experience Period Allowed Cost per Script | \$17.14 | \$313.18 | \$5,224.37 | \$97.04   |
| Experience Period Deductible Per Script   | \$7.32  | \$51.83  | \$173.59   | \$12.71   |
| Experience Period Copay Per Script        | \$1.09  | \$4.47   | \$0.64     | \$1.36    |
| Experience Period Coinsurance Per Script  | \$0.34  | \$1.17   | \$0.00     | \$0.40    |
| Experience Period Paid Cost Per Script    | \$8.39  | \$255.71 | \$5,050.15 | \$82.57   |
| Experience Period Allowed PMPM            | \$13.65 | \$22.26  | \$49.21    | \$85.12   |
| Experience Period Deductible PMPM         | \$5.83  | \$3.68   | \$1.64     | \$11.15   |
| Experience Period Copay PMPM              | \$0.87  | \$0.32   | \$0.01     | \$1.19    |
| Experience Period Coinsurance PMPM        | \$0.27  | \$0.08   | \$0.00     | \$0.35    |
| Experience Period Paid PMPM               | \$6.68  | \$18.18  | \$47.57    | \$72.43   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$20.26) |
| Annual Util Trend                         | 1,027   | 0,948    | 1,067      | 1,022     |
| Annual Unit Cost Trend                    | 1,057   | 1,101    | 1,035      | 1,063     |
| Annual Allowed Trend                      | 1,086   | 1,044    | 1,104      | 1,086     |
| Annual Deductible Trend                   | 1,015   | 1,015    | 1,015      | 1,015     |
| Annual Paid Trend                         | 1,129   | 1,061    | 1,105      | 1,096     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1,135     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 10,091  | 767      | 129        | 10,986    |
| Projected Allowed Cost per Script         | \$19.14 | \$379.80 | \$5,595.17 | \$109.62  |
| Projected Deductible Per Script           | \$7.54  | \$53.40  | \$178.87   | \$12.75   |
| Projected Copay Per Script                | \$1.09  | \$4.47   | \$0.64     | \$1.32    |
| Projected Coinsurance Per Script          | \$0.38  | \$1.42   | \$0.00     | \$0.45    |
| Projected Paid Cost Per Script            | \$10.13 | \$320.51 | \$5,415.67 | \$95.10   |
| Projected Allowed PMPM                    | \$16.09 | \$24.26  | \$60.00    | \$100.36  |
| Projected Deductible PMPM                 | \$6.34  | \$3.41   | \$1.92     | \$11.67   |
| Projected Copay PMPM                      | \$0.92  | \$0.29   | \$0.01     | \$1.21    |
| Projected Coinsurance PMPM                | \$0.32  | \$0.09   | \$0.00     | \$0.41    |
| Projected Paid PMPM                       | \$8.52  | \$20.48  | \$58.07    | \$87.07   |
| Projected Rx Rebates                      |         |          |            | (\$19.90) |
| Net Projected Paid PMPM                   |         |          |            | \$67.17   |

**Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: 1/1/18 - 12/31/18

Completed Through: 3/31/19

|   | ACA<br>Compliant<br>Small Group | ACA<br>Compliant<br>Individual | Small Group<br>Grandfathered | Small Group +<br>Individual<br>Single Risk<br>Pool |
|---|---------------------------------|--------------------------------|------------------------------|--|
| 1 Member Months   | 172,758                         | 130,575                        | 14,969                       | 318,302  |
| 2 FFS Paid Medical Claims   | \$312.58                        | \$322.62                       | \$324.98                     | \$317.28   |
| 3 FFS Paid Pediatric Dental Claims  | \$0.84                          | \$0.84                         | \$0.00                       | \$0.80   |
| 4a Federal CSR Payments   | \$0.00                          | (\$38.95)                      | \$0.00                       | (\$15.98)  |
| 4b State CSR Payments   | \$0.00                          | (\$5.23)                       | \$0.00                       | (\$2.15)   |
| 5 IBNR Factor   | 1.024                           | 1.024                          | 1.024                        | 1.024  |
| 6 FFS Incurred Paid Medical Claims  | \$321.05                        | \$286.08                       | \$332.92                     | \$307.26   |
| 7 FFS Incurred Rx Claims  | \$63.24                         | \$65.43                        | \$72.43                      | \$64.57  |
| 8 Experience Period Rx Rebates  | (\$14.87)                       | (\$14.15)                      | (\$20.26)                    | (\$14.83)  |
| 9 FFS Incurred Rx Claims (Net of Rebates)   | \$48.37                         | \$51.28                        | \$52.17                      | \$49.74  |
| 10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point                       | (\$40.46)                       | (\$32.21)                      | (\$42.23)                    | (\$37.16)  |
| 11 Pooling Charge   | \$41.14                         | \$38.16                        | \$42.88                      | \$40.00  |
| 12 FFS Experience Period Claim Expense After Pooling Adjustment                       | \$370.11                        | \$343.31                       | \$385.75                     | \$359.85   |
| 13 Experience Period Capitation and Non-FFS Medical Costs                             | \$8.80                          | \$8.47                         | \$9.00                       | \$8.67   |
| <b>14 Adjusted Experience Period Claim Expense</b>                                    | <b>\$378.91</b>                 | <b>\$351.78</b>                | <b>\$394.74</b>              | <b>\$368.52</b>                                    |
| <b>Market-Wide Adjustments to Experience Period Claims</b>                            |                                 |                                |                              |  |
| 15 Adjustment for average policy during beginning of policy year                      | \$0.00                          | \$0.00                         | \$0.00                       | \$0.00   |
| 16 Adjustment for pharmacy benefit carve-in   | \$0.31                          | \$0.11                         | \$0.81                       | \$0.25   |
| 17 Adjustment for pediatric dental carve-in to Small Group Grandfathered              | \$0.00                          | \$0.00                         | \$0.84                       | \$0.04   |
| 18 Adjustment for Individual Mandate Repeal   | \$0.00                          | \$0.00                         | \$0.00                       | \$0.00   |
| 19 Adjustment for Association Health Plans  | \$3.74                          | \$3.48                         | \$3.90                       | \$3.64   |
| 20 Adjustment for Leap Year   | \$1.01                          | \$0.94                         | \$1.06                       | \$0.99   |
| 21 Adjustment for National High Cost Reinsurance Pool                                 | \$0.89                          | \$0.82                         | \$0.93                       | \$0.86   |
| <b>22 Experience Period Claim Expense After All Adjustments</b>                       | <b>\$384.87</b>                 | <b>\$357.12</b>                | <b>\$402.28</b>              | <b>\$374.30</b>                                    |
| 23 Annual FFS Medical projection factor   | 1.045                           | 1.045                          | 1.045                        | 1.045  |
| 24 Annual FFS Rx projection factor  | 1.104                           | 1.082                          | 1.135                        | 1.096  |
| 25 Annual FFS Claim trend projection factor   | 1.053                           | 1.051                          | 1.057                        | 1.052  |
| 26 Months of Trend  | 24                              | 24                             | 24                           | 24   |
| 27 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs | \$416.94                        | \$385.05                       | \$439.73                     | \$404.94   |
| 28 Projection Period VT Paid Claim Surcharge + NYS HCRA                               | \$5.21                          | \$4.81                         | \$5.49                       | \$5.06   |
| 29 Projection Period Capitation and Non-FFS Medical Costs                             | \$6.64                          | \$6.64                         | \$6.64                       | \$6.64   |
| <b>30 Paid Index Rate PMPM Prior to Adjustments for Federal Programs</b>              | <b>\$428.79</b>                 | <b>\$396.49</b>                | <b>\$451.86</b>              | <b>\$416.64</b>                                    |
| <b>Federal Reinsurance and Risk Adjustment Programs</b>                               |                                 |                                |                              |  |
| 31 Federal Risk Adjustment Program Impact   | \$62.64                         | \$57.93                        | \$66.01                      | \$60.87  |
| <b>32 Paid Index Rate PMPM After Adjustments for Federal Programs</b>                 | <b>\$491.43</b>                 | <b>\$454.42</b>                | <b>\$517.88</b>              | <b>\$477.51</b>                                    |

|   |
|---|
| <b>Exhibit 4 -- Conversion Factor and Tier Ratios</b> |
|---|

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| Tier | Contract Type     | Subscribers | Members | Avg Contract |             |
|------|-------------------|-------------|---------|--------------|-------------|
|      |                   |             |         | Size         | Load Factor |
| 4    | Single            | 13,734      | 13,737  | 1.000        | 1.000       |
| 4    | Double            | 3,547       | 7,087   | 1.998        | 2.000       |
| 4    | Parent/Child(ren) | 681         | 1,682   | 2.470        | 1.930       |
| 4    | Family            | 2,194       | 8,381   | 3.820        | 2.810       |

Single Conversion Factor 1.091

**Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

**% of Premium Retention Components**

|  |              |
|--|--------------|
| Broker Load                                    | 0.00%        |
| Bad Debt                                       | 0.40%        |
| Contribution to Reserves                       | 1.50%        |
| <b>Total % of Premium Retention Components</b> | <b>1.90%</b> |

**PMPM Retention Components**

|                             |         |
|-----------------------------|---------|
| General Administrative Load | \$42.00 |
|-----------------------------|---------|

**% of Premium Taxes and Assessments**

|   |              |
|---|--------------|
| Premium Tax                                 | 0.00%        |
| VT Vaccine Pilot                            | 0.30%        |
| ACA Insurer Tax                             | 1.00%        |
| <b>Total % of Premium Taxes/Assessments</b> | <b>1.30%</b> |

**% of Paid Claim Taxes and Assessments**

|  |               |
|--|---------------|
| Vermont Paid Claim Surcharge                   | 0.999%        |
| New York State HCRA Surcharge                  | 0.250%        |
| <b>Total % of Paid Claim Taxes/Assessments</b> | <b>1.249%</b> |

**PMPM Taxes and Assessments**

|                                     |               |
|-------------------------------------|---------------|
| HHS Risk Adjustment User Fee        | \$0.17        |
| 18 VSA 9374(h) Billback             | \$1.93        |
| <b>Total PMPM Taxes/Assessments</b> | <b>\$2.10</b> |

|  |
|--|
| <b>Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans</b> |
|--|

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

|  |
|--|
| <b>% of Premium Retention Components</b> |
|--|

|   |             |                         |
|---|-------------|-------------------------|
| 1) Projection Period Federal CSR Dollars      | \$5,946,226 |                         |
| 2) Projection Period Member Months, CSR Plans | 78,168      |                         |
| 3) Projection Period Federal CSR PMPM         | \$76.07     | = 1) / 2)               |
| 4) IBNR Factor                                | 1.024       |                         |
| 5) Federal CSR PMPM with IBNR                 | \$77.93     | = 3) * 4)               |
| 6) Annual Trend Factor                        | 1.015       |                         |
| 7) Months of Trend                            | 24          |                         |
| 8) Trended Federal CSR PMPM                   | \$80.29     | = 5) * 6) ^ [ 7) / 12 ] |

Exhibit 7 -- 2020 Exchange Premium Rates

|   |          |
|---|----------|
| 2020 Adjusted Paid Claim Cost (Exhibit 3, Line 32)          | \$477.51 |
| Benefit Relativity * Induced Demand Reflected in Index Rate | 0.7440   |
| Adjusted Claim Cost for Pricing                             | \$641.83 |

| Coplan                     | Product Type | Metal Level  | Standard/Non-Standard | On/Off Exchange | Federal and State Combined Subsidy | Benefit Actual Value | Induced Utilization Factor | Net Claim Cost | Bad Debt / CTR (% of Premium) | Administrative Expense (PMPM) | % of Premium Taxes and Assessments | PMPM Taxes and Assessments | Benefits in Excess of EHB's** | CSR Loading | Gross Claim Cost PMPM | Single*** | Double     | Parent/Child (Family) | Increase over 2019 Single Rate | Increase over 2019 Double Rate | Increase over 2019 PIC Rate | Increase over 2019 Family Rate |       |
|----------------------------|--------------|--------------|-----------------------|-----------------|------------------------------------|----------------------|----------------------------|----------------|-------------------------------|-------------------------------|------------------------------------|----------------------------|-------------------------------|-------------|-----------------------|-----------|------------|-----------------------|--------------------------------|--------------------------------|-----------------------------|--------------------------------|-------|
| FRVT-HMO-P-001-S (2020)    | HyHMO        | Platinum     | Standard              | On Exchange     | Non-Subsidized                     | 0.881                | 1.138                      | \$643.39       | \$13.49                       | \$42.00                       | \$9.23                             | \$2.10                     | \$0.00                        | \$0.00      | \$710.22              | \$774.85  | \$1,549.70 | \$1,495.46            | \$2,177.33                     | 8.1%                           | 8.1%                        | 8.1%                           | 8.1%  |
| FRVT-HMO-G-001-S (2020)    | HyHMO        | Gold         | Standard              | On Exchange     | Non-Subsidized                     | 0.782                | 1.072                      | \$537.59       | \$11.42                       | \$42.00                       | \$7.81                             | \$2.10                     | \$0.00                        | \$0.00      | \$600.92              | \$655.60  | \$1,311.20 | \$1,265.31            | \$1,842.24                     | 7.8%                           | 7.8%                        | 7.8%                           | 7.8%  |
| FRVT-HMO-G-002-N (2020)    | HyHMO        | Gold         | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.812                | 1.092                      | \$569.33       | \$12.06                       | \$42.00                       | \$8.25                             | \$2.10                     | \$0.88                        | \$0.00      | \$634.62              | \$692.37  | \$1,384.74 | \$1,336.27            | \$1,945.56                     | 11.0%                          | 11.0%                       | 11.0%                          | 11.0% |
| FRVT-HMOH-G-003-N (2020)   | HDHMO        | Gold         | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.769                | 1.066                      | \$526.38       | \$11.21                       | \$42.00                       | \$7.67                             | \$2.10                     | \$0.88                        | \$0.00      | \$590.25              | \$643.96  | \$1,287.92 | \$1,242.84            | \$1,809.53                     | 10.3%                          | 10.3%                       | 10.3%                          | 10.3% |
| FRVT-HMO-S-003-S (2020)    | HyHMO        | Silver       | Standard              | On Exchange     | Non-Subsidized                     | 0.706                | 1.033                      | \$468.50       | \$11.64                       | \$42.00                       | \$7.96                             | \$2.10                     | \$0.00                        | \$80.29     | \$612.49              | \$668.23  | \$1,336.46 | \$1,289.68            | \$1,877.73                     | 4.6%                           | 4.6%                        | 4.6%                           | 4.6%  |
| FRVT-HMOH-S-004-S (2020)   | HDHMO        | Silver       | Standard              | On Exchange     | Non-Subsidized                     | 0.693                | 1.026                      | \$456.68       | \$11.41                       | \$42.00                       | \$7.80                             | \$2.10                     | \$0.88                        | \$80.29     | \$600.28              | \$654.91  | \$1,309.82 | \$1,263.98            | \$1,840.30                     | 5.3%                           | 5.3%                        | 5.3%                           | 5.3%  |
| FRVT-HMOH-S-002-N (2020)   | HDHMO        | Silver       | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.702                | 1.031                      | \$464.77       | \$11.58                       | \$42.00                       | \$7.92                             | \$2.10                     | \$0.88                        | \$80.29     | \$609.54              | \$665.01  | \$1,330.02 | \$1,283.47            | \$1,868.68                     | 6.6%                           | 6.6%                        | 6.6%                           | 6.6%  |
| FRVT-HMO-S-001-N (2020)    | HyHMO        | Silver       | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.673                | 1.021                      | \$441.12       | \$11.12                       | \$42.00                       | \$7.61                             | \$2.10                     | \$0.88                        | \$80.29     | \$585.11              | \$638.36  | \$1,276.72 | \$1,232.03            | \$1,793.79                     | 6.8%                           | 6.8%                        | 6.8%                           | 6.8%  |
| VT-HMO-S-003-S II (2020)   | HyHMO        | Silver       | Standard              | Off Exchange    | Non-Subsidized                     | 0.706                | 1.033                      | \$468.50       | \$10.06                       | \$42.00                       | \$6.88                             | \$2.10                     | \$0.00                        | \$0.00      | \$529.55              | \$577.74  | \$1,155.48 | \$1,115.04            | \$1,623.45                     | 8.1%                           | 8.1%                        | 8.1%                           | 8.1%  |
| VT-HMOH-S-004-S II (2020)  | HDHMO        | Silver       | Standard              | Off Exchange    | Non-Subsidized                     | 0.693                | 1.026                      | \$456.68       | \$9.83                        | \$42.00                       | \$6.73                             | \$2.10                     | \$0.00                        | \$0.00      | \$517.33              | \$564.41  | \$1,128.82 | \$1,089.31            | \$1,585.99                     | 9.1%                           | 9.1%                        | 9.1%                           | 9.1%  |
| VT-HMOH-S-002-N II (2020)  | HDHMO        | Silver       | Non-Standard          | Off Exchange    | Non-Subsidized                     | 0.702                | 1.028                      | \$462.90       | \$9.97                        | \$42.00                       | \$6.82                             | \$2.10                     | \$0.88                        | \$0.00      | \$524.67              | \$572.41  | \$1,144.82 | \$1,104.75            | \$1,608.47                     | 10.2%                          | 10.2%                       | 10.2%                          | 10.2% |
| VT-HMO-S-001-N I (2020)    | HyHMO        | Silver       | Non-Standard          | Off Exchange    | Non-Subsidized                     | 0.673                | 1.021                      | \$441.12       | \$9.54                        | \$42.00                       | \$6.53                             | \$2.10                     | \$0.88                        | \$0.00      | \$502.17              | \$547.87  | \$1,095.74 | \$1,057.39            | \$1,539.51                     | 11.1%                          | 11.1%                       | 11.1%                          | 11.1% |
| FRVT-HMO-B-002-S (2020)    | HMO          | Bronze       | Standard              | On Exchange     | Non-Subsidized                     | 0.582                | 1.000                      | \$373.55       | \$8.20                        | \$42.00                       | \$5.61                             | \$2.10                     | \$0.00                        | \$0.00      | \$431.46              | \$470.72  | \$941.44   | \$908.49              | \$1,322.72                     | 10.5%                          | 10.5%                       | 10.5%                          | 10.5% |
| FRVT-HMOH-B-003-S (2020)   | HDHMO        | Bronze       | Standard              | On Exchange     | Non-Subsidized                     | 0.601                | 1.000                      | \$385.61       | \$8.43                        | \$42.00                       | \$5.77                             | \$2.10                     | \$0.00                        | \$0.00      | \$443.92              | \$484.32  | \$968.64   | \$934.74              | \$1,360.94                     | 11.0%                          | 11.0%                       | 11.0%                          | 11.0% |
| FRVT-HMO-B-004-S (2020)    | HMO          | Bronze       | Standard              | On Exchange     | Non-Subsidized                     | 0.661                | 1.017                      | \$431.78       | \$9.34                        | \$42.00                       | \$6.39                             | \$2.10                     | \$0.00                        | \$0.00      | \$491.61              | \$536.35  | \$1,072.70 | \$1,035.16            | \$1,507.14                     | 10.5%                          | 10.5%                       | 10.5%                          | 10.5% |
| FRVT-HMO-B-005-N (2020)    | HMO          | Bronze       | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.613                | 1.003                      | \$394.44       | \$8.62                        | \$42.00                       | \$5.90                             | \$2.10                     | \$0.88                        | \$0.00      | \$453.94              | \$495.25  | \$990.50   | \$955.83              | \$1,391.65                     | 12.3%                          | 12.3%                       | 12.3%                          | 12.3% |
| FRVT-HMO-B-001-N (2020)    | HMO          | Bronze       | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.580                | 1.000                      | \$372.46       | \$8.19                        | \$42.00                       | \$5.61                             | \$2.10                     | \$0.88                        | \$0.00      | \$431.24              | \$470.48  | \$940.96   | \$908.03              | \$1,322.05                     | 9.9%                           | 9.9%                        | 9.9%                           | 9.9%  |
| FRVT-HMO-C-001-N (2020)    | HMO          | Catastrophic | Standard              | On Exchange     | Non-Subsidized                     | 0.613                | 0.638                      | \$251.02       | \$5.79                        | \$42.00                       | \$3.96                             | \$2.10                     | \$0.00                        | \$0.00      | \$304.87              | \$332.61  | \$665.22   | \$641.94              | \$934.63                       | 11.1%                          | 11.1%                       | 11.1%                          | 11.1% |
| FRVT-HMO-S3-001-S (2020)   | HyHMO        | Silver       | Standard              | On Exchange     | Subsidized (73%)                   | 0.706                | 1.033                      | \$468.50       | \$11.64                       | \$42.00                       | \$7.96                             | \$2.10                     | \$0.00                        | \$80.29     | \$612.49              | \$668.23  | \$1,336.46 | \$1,289.68            | \$1,877.73                     | 4.6%                           | 4.6%                        | 4.6%                           | 4.6%  |
| FRVT-HMO-S3-002-S (2020)   | HyHMO        | Silver       | Standard              | On Exchange     | Subsidized (87%)                   | 0.706                | 1.033                      | \$468.50       | \$11.64                       | \$42.00                       | \$7.96                             | \$2.10                     | \$0.00                        | \$80.29     | \$612.49              | \$668.23  | \$1,336.46 | \$1,289.68            | \$1,877.73                     | 4.6%                           | 4.6%                        | 4.6%                           | 4.6%  |
| FRVT-HMO-S3-003-S (2020)   | HyHMO        | Silver       | Standard              | On Exchange     | Subsidized (94%)                   | 0.706                | 1.033                      | \$468.50       | \$11.64                       | \$42.00                       | \$7.96                             | \$2.10                     | \$0.00                        | \$80.29     | \$612.49              | \$668.23  | \$1,336.46 | \$1,289.68            | \$1,877.73                     | 4.6%                           | 4.6%                        | 4.6%                           | 4.6%  |
| FRVT-HMO-S3-004-S (2020)   | HyHMO        | Silver       | Standard              | On Exchange     | Subsidized (77%)                   | 0.706                | 1.033                      | \$468.50       | \$11.64                       | \$42.00                       | \$7.96                             | \$2.10                     | \$0.00                        | \$80.29     | \$612.49              | \$668.23  | \$1,336.46 | \$1,289.68            | \$1,877.73                     | 4.6%                           | 4.6%                        | 4.6%                           | 4.6%  |
| FRVT-HMOH-S4-001-S (2020)  | HDHMO        | Silver       | Standard              | On Exchange     | Subsidized (73%)                   | 0.693                | 1.026                      | \$456.68       | \$11.41                       | \$42.00                       | \$7.80                             | \$2.10                     | \$0.00                        | \$80.29     | \$600.28              | \$654.91  | \$1,309.82 | \$1,263.98            | \$1,840.30                     | 5.3%                           | 5.3%                        | 5.3%                           | 5.3%  |
| FRVT-HMOH-S4-002-S (2020)  | HMO          | Silver       | Standard              | On Exchange     | Subsidized (87%)                   | 0.693                | 1.026                      | \$456.68       | \$11.41                       | \$42.00                       | \$7.80                             | \$2.10                     | \$0.00                        | \$80.29     | \$600.28              | \$654.91  | \$1,309.82 | \$1,263.98            | \$1,840.30                     | 5.3%                           | 5.3%                        | 5.3%                           | 5.3%  |
| FRVT-HMOH-S4-003-S (2020)  | HMO          | Silver       | Standard              | On Exchange     | Subsidized (94%)                   | 0.693                | 1.026                      | \$456.68       | \$11.41                       | \$42.00                       | \$7.80                             | \$2.10                     | \$0.00                        | \$80.29     | \$600.28              | \$654.91  | \$1,309.82 | \$1,263.98            | \$1,840.30                     | 5.3%                           | 5.3%                        | 5.3%                           | 5.3%  |
| FRVT-HMOH-S4-004-S (2020)  | HDHMO        | Silver       | Standard              | On Exchange     | Subsidized (77%)                   | 0.693                | 1.026                      | \$456.68       | \$11.41                       | \$42.00                       | \$7.80                             | \$2.10                     | \$0.00                        | \$80.29     | \$600.28              | \$654.91  | \$1,309.82 | \$1,263.98            | \$1,840.30                     | 5.3%                           | 5.3%                        | 5.3%                           | 5.3%  |
| FRVT-HMOH-S2-001-N (2020)  | HDHMO        | Silver       | Non-Standard          | On Exchange     | Subsidized (73%)                   | 0.702                | 1.031                      | \$464.77       | \$11.58                       | \$42.00                       | \$7.92                             | \$2.10                     | \$0.88                        | \$80.29     | \$609.54              | \$665.01  | \$1,330.02 | \$1,283.47            | \$1,868.68                     | 6.6%                           | 6.6%                        | 6.6%                           | 6.6%  |
| FRVT-HMOH-S2-002-N (2020)  | HMO          | Silver       | Non-Standard          | On Exchange     | Subsidized (87%)                   | 0.702                | 1.031                      | \$464.77       | \$11.58                       | \$42.00                       | \$7.92                             | \$2.10                     | \$0.88                        | \$80.29     | \$609.54              | \$665.01  | \$1,330.02 | \$1,283.47            | \$1,868.68                     | 6.6%                           | 6.6%                        | 6.6%                           | 6.6%  |
| FRVT-HMOH-S2-003-N (2020)  | HMO          | Silver       | Non-Standard          | On Exchange     | Subsidized (94%)                   | 0.702                | 1.031                      | \$464.77       | \$11.58                       | \$42.00                       | \$7.92                             | \$2.10                     | \$0.88                        | \$80.29     | \$609.54              | \$665.01  | \$1,330.02 | \$1,283.47            | \$1,868.68                     | 6.6%                           | 6.6%                        | 6.6%                           | 6.6%  |
| FRVT-HMOH-S2-004-N (2020)  | HMO          | Silver       | Non-Standard          | On Exchange     | Subsidized (77%)                   | 0.702                | 1.031                      | \$464.77       | \$11.58                       | \$42.00                       | \$7.92                             | \$2.10                     | \$0.88                        | \$80.29     | \$609.54              | \$665.01  | \$1,330.02 | \$1,283.47            | \$1,868.68                     | 6.6%                           | 6.6%                        | 6.6%                           | 6.6%  |
| FRVT-HMO-S1-001-N (2020)   | HyHMO        | Silver       | Non-Standard          | On Exchange     | Subsidized (73%)                   | 0.673                | 1.021                      | \$441.12       | \$11.12                       | \$42.00                       | \$7.61                             | \$2.10                     | \$0.88                        | \$80.29     | \$585.11              | \$638.36  | \$1,276.72 | \$1,232.03            | \$1,793.79                     | 6.8%                           | 6.8%                        | 6.8%                           | 6.8%  |
| FRVT-HMO-S1-002-N (2020)   | HyHMO        | Silver       | Non-Standard          | On Exchange     | Subsidized (87%)                   | 0.673                | 1.021                      | \$441.12       | \$11.12                       | \$42.00                       | \$7.61                             | \$2.10                     | \$0.88                        | \$80.29     | \$585.11              | \$638.36  | \$1,276.72 | \$1,232.03            | \$1,793.79                     | 6.8%                           | 6.8%                        | 6.8%                           | 6.8%  |
| FRVT-HMO-S1-003-N (2020)   | HyHMO        | Silver       | Non-Standard          | On Exchange     | Subsidized (94%)                   | 0.673                | 1.021                      | \$441.12       | \$11.12                       | \$42.00                       | \$7.61                             | \$2.10                     | \$0.88                        | \$80.29     | \$585.11              | \$638.36  | \$1,276.72 | \$1,232.03            | \$1,793.79                     | 6.8%                           | 6.8%                        | 6.8%                           | 6.8%  |
| FRVT-HMO-S1-004-N (2020)   | HyHMO        | Silver       | Non-Standard          | On Exchange     | Subsidized (77%)                   | 0.673                | 1.021                      | \$441.12       | \$11.12                       | \$42.00                       | \$7.61                             | \$2.10                     | \$0.88                        | \$80.29     | \$585.11              | \$638.36  | \$1,276.72 | \$1,232.03            | \$1,793.79                     | 6.8%                           | 6.8%                        | 6.8%                           | 6.8%  |
| FRVT-HMO-PA2-001-S (2020)  | HyHMO        | Platinum     | Standard              | On Exchange     | A/AN                               | 0.881                | 1.138                      | \$643.39       | \$13.49                       | \$42.00                       | \$9.23                             | \$2.10                     | \$0.00                        | \$0.00      | \$710.22              | \$774.85  | \$1,549.70 | \$1,495.46            | \$2,177.33                     | 8.1%                           | 8.1%                        | 8.1%                           | 8.1%  |
| FRVT-HMO-GA2-001-S (2020)  | HyHMO        | Gold         | Standard              | On Exchange     | A/AN                               | 0.782                | 1.072                      | \$537.59       | \$11.42                       | \$42.00                       | \$7.81                             | \$2.10                     | \$0.00                        | \$0.00      | \$600.92              | \$655.60  | \$1,311.20 | \$1,265.31            | \$1,842.24                     | 7.8%                           | 7.8%                        | 7.8%                           | 7.8%  |
| FRVT-HMO-GA2-002-N (2020)  | HyHMO        | Gold         | Non-Standard          | On Exchange     | A/AN                               | 0.812                | 1.092                      | \$569.33       | \$12.06                       | \$42.00                       | \$8.25                             | \$2.10                     | \$0.88                        | \$0.00      | \$634.62              | \$692.37  | \$1,384.74 | \$1,336.27            | \$1,945.56                     | 11.0%                          | 11.0%                       | 11.0%                          | 11.0% |
| FRVT-HMOH-GA2-003-N (2020) | HDHMO        | Gold         | Non-Standard          | On Exchange     | A/AN                               | 0.769                | 1.066                      | \$526.38       | \$11.21                       | \$42.00                       | \$7.67                             | \$2.10                     | \$0.88                        | \$0.00      | \$590.25              | \$643.96  | \$1,287.92 | \$1,242.84            | \$1,809.53                     | 10.3%                          | 10.3%                       | 10.3%                          | 10.3% |
| FRVT-HMO-SA2-003-S (2020)  | HyHMO        | Silver       | Standard              | On Exchange     | A/AN                               | 0.706                | 1.033                      | \$468.50       | \$11.64                       | \$42.00                       | \$7.96                             | \$2.10                     | \$0.00                        | \$80.29     | \$612.49              | \$668.23  | \$1,336.46 | \$1,289.68            | \$1,877.73                     | 4.6%                           | 4.6%                        | 4.6%                           | 4.6%  |
| FRVT-HMOH-SA2-004-S (2020) | HDHMO        | Silver       | Standard              | On Exchange     | A/AN                               | 0.693                | 1.026                      | \$456.68       | \$11.41                       | \$42.00                       | \$7.80                             | \$2.10                     | \$0.00                        | \$80.29     | \$600.28              | \$654.91  | \$1,309.82 | \$1,263.98            | \$1,840.30                     | 5.3%                           | 5.3%                        | 5.3%                           | 5.3%  |
| FRVT-HMOH-SA2-002-N (2020) | HDHMO        | Silver       | Non-Standard          | On Exchange     | A/AN                               | 0.702                | 1.031                      | \$464.77       | \$11.58                       | \$42.00                       | \$7.92                             | \$2.10                     | \$0.88                        | \$80.29     | \$609.54              | \$665.01  | \$1,330.02 | \$1,283.47            | \$1,868.68                     | 6.6%                           | 6.6%                        | 6.6%                           | 6.6%  |
| FRVT-HMO-SA2-001-N (2020)  | HyHMO        | Silver       | Non-Standard          | On Exchange     | A/AN                               | 0.673                | 1.021                      | \$441.12       | \$11.12                       | \$42.00                       | \$7.61                             | \$2.10                     | \$0.88                        | \$80.29     | \$585.11              | \$638.36  | \$1,276.72 | \$1,232.03            | \$1,793.79                     | 6.8%                           | 6.8%                        | 6.8%                           | 6.8%  |
| FRVT-HMO-BA2-002-S (2020)  | HyHMO        | Bronze       | Standard              | On Exchange     | A/AN                               | 0.582                | 1.000                      | \$373.55       | \$8.20                        | \$42.00                       | \$5.61                             | \$2.10                     | \$0.00                        | \$0.00      | \$431.46              | \$470.72  | \$941.44   | \$908.49              | \$1,322.72                     | 10.5%                          | 10.5%                       | 10.5%                          | 10.5% |
| FRVT-HMOH-BA2-003-S (2020) | HDHMO        | Bronze       | Standard              | On Exchange     | A/AN                               | 0.601                | 1.000                      | \$385.61       | \$8.43                        | \$42.00                       | \$5.77                             | \$2.10                     | \$0.00                        | \$0.00      | \$443.92              | \$4       |            |                       |                                |                                |                             |                                |       |

MVP Health Care Derivation of 2020 VT Exchange Rate Increases by Contract and Benefit Plan for Members as of February 2019

|                                     | GOLD         |            | NON-STANDARD PLANS SILVER |                     |                  |                 | BRONZE     |            | PLATINUM     | GOLD         | STANDARD PLANS SILVER |                     |                  |                 | BRONZE       |              |            | Catastrophic | Total Annual Premium | Average PMPM | Average Annual Premium |  |
|-------------------------------------|--------------|------------|---------------------------|---------------------|------------------|-----------------|------------|------------|--------------|--------------|-----------------------|---------------------|------------------|-----------------|--------------|--------------|------------|--------------|----------------------|--------------|------------------------|--|
|                                     | HDHP         | Non-HDHP   | On Exchange Non-HDHP      | Reflective Non-HDHP | On Exchange HDHP | Reflective HDHP | Non-HDHP   | No RX OOP  |              |              | On Exchange Non-HDHP  | Reflective Non-HDHP | On Exchange HDHP | Reflective HDHP | HDHP         | Non-HDHP     | No RX OOP  |              |                      |              |                        |  |
| <b>2020 Proposed Rates</b>          |              |            |                           |                     |                  |                 |            |            |              |              |                       |                     |                  |                 |              |              |            |              |                      |              |                        |  |
| Single Rate                         | \$643.96     | \$692.37   | \$638.36                  | \$547.87            | \$665.01         | \$572.41        | \$470.48   | \$495.25   | \$774.85     | \$655.60     | \$668.23              | \$577.74            | \$654.91         | \$564.41        | \$484.32     | \$470.72     | \$536.35   | \$332.61     |                      |              |                        |  |
| Couple Rate                         | \$1,287.92   | \$1,384.74 | \$1,276.72                | \$1,095.74          | \$1,330.02       | \$1,144.82      | \$940.96   | \$990.50   | \$1,549.70   | \$1,311.20   | \$1,336.46            | \$1,155.48          | \$1,309.82       | \$1,128.82      | \$968.64     | \$941.44     | \$1,072.70 | \$665.22     |                      |              |                        |  |
| Adult and Child(ren) Rate           | \$1,242.84   | \$1,336.27 | \$1,232.03                | \$1,057.39          | \$1,283.47       | \$1,104.75      | \$908.03   | \$955.83   | \$1,495.46   | \$1,265.31   | \$1,289.68            | \$1,115.04          | \$1,263.98       | \$1,089.31      | \$934.74     | \$908.49     | \$1,035.16 | \$641.94     |                      |              |                        |  |
| Family Rate                         | \$1,809.53   | \$1,945.56 | \$1,793.79                | \$1,539.51          | \$1,868.68       | \$1,608.47      | \$1,322.05 | \$1,391.65 | \$2,177.33   | \$1,842.24   | \$1,877.73            | \$1,623.45          | \$1,840.30       | \$1,585.99      | \$1,360.94   | \$1,322.72   | \$1,507.14 | \$934.63     | \$205,319,833        | \$553.95     | \$6,647.45             |  |
| <b>2019 Approved Rates</b>          |              |            |                           |                     |                  |                 |            |            |              |              |                       |                     |                  |                 |              |              |            |              |                      |              |                        |  |
| Single Rate                         | \$583.79     | \$623.64   | \$597.79                  | \$493.35            | \$623.72         | \$519.29        | \$428.16   | \$441.18   | \$716.54     | \$608.39     | \$638.82              | \$534.39            | \$621.74         | \$517.31        | \$436.34     | \$426.12     | \$485.37   | \$299.31     |                      |              |                        |  |
| Couple Rate                         | \$1,167.58   | \$1,247.28 | \$1,195.58                | \$986.70            | \$1,247.44       | \$1,039.58      | \$856.22   | \$882.36   | \$1,432.08   | \$1,216.78   | \$1,277.64            | \$1,068.78          | \$1,243.48       | \$1,034.62      | \$872.68     | \$852.24     | \$970.74   | \$598.62     |                      |              |                        |  |
| Adult and Child(ren) Rate           | \$1,126.71   | \$1,203.63 | \$1,153.73                | \$952.17            | \$1,203.78       | \$1,002.23      | \$826.35   | \$851.48   | \$1,382.92   | \$1,174.19   | \$1,232.92            | \$1,031.37          | \$1,199.96       | \$998.41        | \$842.14     | \$822.41     | \$936.76   | \$577.67     |                      |              |                        |  |
| Family Rate                         | \$1,640.45   | \$1,752.43 | \$1,679.79                | \$1,386.31          | \$1,752.65       | \$1,459.20      | \$1,203.13 | \$1,239.72 | \$2,013.48   | \$1,709.58   | \$1,795.08            | \$1,501.64          | \$1,747.09       | \$1,453.64      | \$1,226.12   | \$1,197.40   | \$1,363.89 | \$841.06     | \$188,668,999        | \$509.03     | \$6,108.36             |  |
| <b>2020 Proposed Rate Increases</b> |              |            |                           |                     |                  |                 |            |            |              |              |                       |                     |                  |                 |              |              |            |              |                      |              |                        |  |
| Single Rate                         | 10.3%        | 11.0%      | 6.8%                      | 11.1%               | 6.6%             | 10.2%           | 9.9%       | 12.3%      | 8.1%         | 7.8%         | 4.6%                  | 8.1%                | 5.3%             | 9.1%            | 11.0%        | 10.5%        | 10.5%      | 11.1%        |                      |              |                        |  |
| Couple Rate                         | 10.3%        | 11.0%      | 6.8%                      | 11.1%               | 6.6%             | 10.2%           | 9.9%       | 12.3%      | 8.1%         | 7.8%         | 4.6%                  | 8.1%                | 5.3%             | 9.1%            | 11.0%        | 10.5%        | 10.5%      | 11.1%        |                      |              |                        |  |
| Adult and Child(ren) Rate           | 10.3%        | 11.0%      | 6.8%                      | 11.1%               | 6.6%             | 10.2%           | 9.9%       | 12.3%      | 8.1%         | 7.8%         | 4.6%                  | 8.1%                | 5.3%             | 9.1%            | 11.0%        | 10.5%        | 10.5%      | 11.1%        |                      |              |                        |  |
| Family Rate                         | 10.3%        | 11.0%      | 6.8%                      | 11.1%               | 6.6%             | 10.2%           | 9.9%       | 12.3%      | 8.1%         | 7.8%         | 4.6%                  | 8.1%                | 5.3%             | 9.1%            | 11.0%        | 10.5%        | 10.5%      | 11.1%        |                      |              |                        |  |
| <b>February 2019 Contracts</b>      |              |            |                           |                     |                  |                 |            |            |              |              |                       |                     |                  |                 |              |              |            |              |                      |              |                        |  |
| Single Rate                         | 1,955        | 167        | 3,066                     | 521                 | 31               | 141             | 402        | 483        | 852          | 1,498        | 342                   | 536                 | 289              | 471             | 1,343        | 1,453        | 174        | 10           |                      |              |                        |  |
| Couple Rate                         | 593          | 38         | 757                       | 103                 | 19               | 43              | 86         | 94         | 331          | 476          | 86                    | 110                 | 69               | 103             | 291          | 319          | 27         | 2            |                      |              |                        |  |
| Adult and Child(ren) Rate           | 126          | 10         | 99                        | 25                  | 3                | 7               | 8          | 22         | 81           | 97           | 13                    | 25                  | 16               | 26              | 70           | 49           | 4          | 0            |                      |              |                        |  |
| Family Rate                         | 629          | 29         | 121                       | 84                  | 1                | 78              | 44         | 42         | 223          | 253          | 26                    | 99                  | 25               | 94              | 271          | 158          | 17         | 0            |                      |              |                        |  |
| <b>Total</b>                        | <b>3,303</b> | <b>244</b> | <b>4,043</b>              | <b>733</b>          | <b>54</b>        | <b>269</b>      | <b>540</b> | <b>641</b> | <b>1,487</b> | <b>2,324</b> | <b>467</b>            | <b>770</b>          | <b>399</b>       | <b>694</b>      | <b>1,975</b> | <b>1,979</b> | <b>222</b> | <b>12</b>    |                      |              |                        |  |
| 2020 Proposed PMPY Revenue          | \$6,758.85   | \$7,637.32 | \$7,506.23                | \$5,973.64          | \$7,740.72       | \$5,741.04      | \$5,311.19 | \$5,640.96 | \$8,281.35   | \$7,175.29   | \$7,610.36            | \$6,300.95          | \$7,218.32       | \$5,931.21      | \$5,217.55   | \$5,337.18   | \$6,143.43 | \$3,991.32   |                      |              |                        |  |
| 2019 Approved PMPY Revenue          | \$6,127.32   | \$6,879.19 | \$7,029.18                | \$5,379.19          | \$7,260.10       | \$5,208.26      | \$4,833.44 | \$5,025.10 | \$7,658.15   | \$6,658.60   | \$7,275.41            | \$5,828.17          | \$6,852.72       | \$5,436.25      | \$4,700.67   | \$4,831.49   | \$5,559.50 | \$3,591.72   |                      |              |                        |  |

8.8% Total Revenue Change



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July 25, 2019

Mr. Josh Hammerquist, FSA, MAAA  
Lewis & Ellis, Inc.  
P.O. Box 851857  
Richardson, TX 75085

Re: 2020 Vermont Exchange Rate Filing  
SERFF Tracking #: MVPH-131934219

Dear Mr. Hammerquist:

This letter is in response to your correspondence received regarding the above-mentioned rate filing. The responses to your questions are provided below.

- 1. Please provide quantitative support for the impact of the 2020 hospital budget requests.*

Response: Please see the attached document titled "Support for L&E Objection #5\_CONFIDENTIAL" for the trend build-up with the hospital budget requests. Changes from the previous exhibits in L&E Objection #1 are shaded in gray. Please note that this change impacts trends for 2019/2018 for the two hospitals with mid-year increases. MVP has provided a tab in the file quantifying those changes.

Please see the attached file "VT 2020 Exchange Rate Filing\_072419\_SERFF" which provides an updated version of the rate filing reflected updated trends and the Non-Standard Gold 2 plan design we previously submitted via amendment on July 11.

Finally, see the attached file "Rate Increase Exhibit 2019-2020\_072419\_SERFF" which provides a calculation of the contract weighted rate increase using the above referenced rate filing document. The contract weighted rate increase using the proposed hospital budgets is 8.8%, which is approximately 0.5% higher than the 8.3% contract weighted increase provided in the July 11 amendment.

If you have any questions or require any additional information, please contact me at 518-386-7213.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Bachner".

Eric Bachner, ASA  
Leader, Actuarial, Commercial/Government Programs  
MVP Health Care



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July 29, 2019

Mr. Michael Barber  
 General Counsel  
 Green Mountain Care Board  
 144 State Street  
 Montpelier, VT 05602

Re: 2020 Vermont Exchange Rate Filing  
 SERFF Tracking #: MVPH-131934219

Dear Mr. Barber:

This letter is in response to your correspondence received regarding the above-mentioned rate filing. The responses to your questions are provided below.

1) Regarding item 3 in your response to Question 1 of Exhibit 5, provide the quality measures MVP uses in its quality improvement program.

Response: The 2018 program structure is below and the 2019 QIS program is following the same structure and measure set.

**2018 Program Structure**

Providers were to receive an incentive payment for 2018 dates of service, based on the gaps they closed for the measures listed below. The dollars paid per gap were based on the performance percentile that the provider achieved. Providers had to earn a minimum of \$1,000 to be eligible to receive payment under this program.

| Provider Performance Percentile | Dollars to be Paid Per Member |
|---------------------------------|-------------------------------|
| 90th Percentile                 | \$20 per gap closed           |
| 75th Percentile                 | \$15 per gap closed           |
| 50th Percentile                 | \$10 per gap closed           |
| <50th Percentile                | No payment for gap closed     |

**Included HEDIS Measures**

The table below lists the HEDIS measures included in the program.

| Women's Health  | Chronic Care  | Well-Care  |
|---|---|--|
| <ul style="list-style-type: none"> <li>Breast Cancer Screening (gaps closed for 2018 dates of service)</li> <li>Cervical Cancer Screening (gaps closed for 2018 dates of service)</li> <li>Chlamydia Screening</li> </ul> | <ul style="list-style-type: none"> <li>Comprehensive Diabetes Care (Members who have received an eye exam, nephropathy, and HbA1c testing)</li> <li>Medication Management for People with Asthma</li> <li>Annual Monitoring for Patients on Persistent Medications</li> </ul> | <ul style="list-style-type: none"> <li>Adolescent Well-Care Visits</li> <li>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years</li> <li>Well-Child Visits in the First Fifteen Months of Life</li> <li>Immunizations for Adolescents</li> </ul> |



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- 2) Describe the changes MVP has made to its Care Management Program with the transition to value-based care in New York.

Response: MVP Health Care has a continuous quest for improvement, learning and innovation. We evoke a data-driven strategy to drive our approach to ensure the best care is delivered to our members. Often, that means partnering with clinical providers on those fronts, and having our care managers provide more resourcing to support the member-provider dyad. We let the evidence and the outcomes drive us in these decisions and embrace change as we plan for the future.

- 3) Regarding item 23 in your response to Question 1 of Exhibit 5, is information from telemedicine visits relayed to members' primary care providers? If so, how?

Response: When MVP has a PCP on record for the member, we send a letter to the PCP letting them know the member had a visit, and any diagnosis codes from that visit. The member has the option to fax or email their PCP a detailed visit summary at the end of the visit – they just need to enter the PCP's email and/or fax #. The member always has the option to print out or download their visit summaries and provide them to the PCP.

- 4) Is there any new activity to report in *Common Ground Healthcare Cooperative v. U.S.*? If so, please supplement your response to Question 2 of Exhibit 5.

Response: There is not any new activity in the above referenced case at this time.

- 5) Provide an update regarding the status of MVP's contract with the Green Mountain Surgery Center and explain whether that contract changes any of the assumptions contained in the filing. If it does not change any of the assumptions in the filing, please explain why.

Response: MVP recently signed a contract with the Green Mountain Surgery Center. MVP estimates that the 2020 OP trend will be reduced by approximately 0.2% due to this contract being signed which will reduce the proposed rates by 0.1%.

- 6) Regarding item 38 in your response to Question 1 of Exhibit 5, provide information regarding trends in unwarranted variations in treatment as they pertain to Vermont and explain how MVP uses this information.

Response: MVP Health Care has over 200 medical and pharmacy policies within its Benefit Interpretation Manual which are reviewed annually. In 2018 over 20 policy positions were modified to support appropriate utilization and decrease variations in care.

- 7) Regarding item 25 in your response to Question 1 of Exhibit 5, how many members are using MVP's online cost comparison website? What impact, if any, has the website had on where members seek care (please quantify)?

Response: MVP's cost comparison tool had over 6,700 page views between August 1, 2018 and June 30, 2019. MVP does not have data available to quantify how this tool has impacted where members seek care.

- 8) Please update Exhibit 7, page 2 with actual results for 2018.

Response: The table in Exhibit 7, page 2 was not interpreted correctly by MVP at the July 22<sup>nd</sup> rate hearing. The trend figures shown in the "Actual" rows under the 2017 column represent 2018 over 2017 trends. The



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following clarifying point was included in L&E's June 18, 2019 objection letter which is not included in Exhibit 7:

*\*Actual is for the year that the rates are effective for. For instance, for the column "2017", the actual field should be populated with the experience of 2018 (the year the rates are effective for).*

9) How much of your enterprise-wide administrative costs are fixed and how much are variable?

Response: MVP estimates that 60% of administrative costs are fixed and 40% are variable.

10) Describe whether MVP considers how differences in cost sharing for procedures like colonoscopies (i.e., procedures that can be charged as "screening" but also as "diagnostic" if done following positive results, for example, from a Cologuard® test) may result in providers recommending a high cost procedure for a screening rather than a lower cost screening option.

Response: MVP has been in recent dialogue with Vermont DFR regarding the Vermont screening colonoscopy requirement. Our current payment policy reflects that colonoscopies will not take a cost share if billed with a 33 or PT modifier, or if the colonoscopy is billed with one of the qualifying diagnosis codes for that procedure.

We responded to DFR's inquiry regarding sending out coding guidance to providers and appreciate that DFR gave us the opportunity to review the draft bulletin.

If you have any questions or require any additional information, please contact me at 518-388-2483.

Sincerely,

A handwritten signature in black ink that reads "Matthew Lombardo".

---

Matthew Lombardo, FSA, MAAA  
Senior Leader, Actuarial Services  
MVP Health Care, Inc.

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date | Schedule Item Status | Schedule            | Schedule Item Name           | Replacement Creation Date | Attached Document(s)   |
|---------------|----------------------|---------------------|------------------------------|---------------------------|--|
| 07/25/2019    |                      | Supporting Document | Response to L&E Objection #5 | 07/25/2019                | VT 2020 Exchange Rate Filing_072419_SERFF.xlsx<br>VT 2020 Exchange Rate Filing_072419_SERFF.pdf<br>Rate Increase Exhibit 2019-2020_072419_SERFF.xlsx<br>Rate Increase Exhibit 2019-2020_072419_SERFF.pdf |
| 06/25/2019    |                      | Supporting Document | Response to L&E Objection #3 | 07/08/2019                | Support for L&E Objection #3_SERFF.xlsx<br>Support for L&E Objection #3_SERFF.pdf<br>Response to 2020 VT Exchange Objection #3_SERFF.pdf   |

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

State: VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT Exchange 2020

Project Name/Number: /

| Creation Date | Schedule Item Status | Schedule            | Schedule Item Name           | Replacement Creation Date | Attached Document(s)   |
|---------------|----------------------|---------------------|------------------------------|---------------------------|--|
| 06/10/2019    |                      | Supporting Document | Actuarial Memorandum         | 08/09/2019                | 2020 Actuarial Memorandum Vermont Exchange.pdf<br>Actuarial Memo Dataset (2020 issues)_SERFF.xlsx<br>Actuarial Memo Dataset (2020 issues)_SERFF.pdf<br>Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf<br>MVPH-131934219 Amendment 052119.pdf<br>Rate Increase Exhibit 2019-2020_052119_SERFF.pdf (Superceded)<br>Rate Increase Exhibit 2019-2020_052119_SERFF.xlsx (Superceded)<br>VT 2020 Exchange Rate Filing_052119_SERFF.pdf (Superceded)<br>VT 2020 Exchange Rate Filing_052119_SERFF.xlsx (Superceded)<br>Federal AVC Actuarial Certification for Non-standard Plans - 2020_061019.pdf<br>Final-Silver 2 HDHP CSR 73.pdf<br>Non-Standard AVC Screenshots VT 2020 Exchange.pdf |
| 05/23/2019    |                      | Supporting Document | Response to L&E Objection #1 | 05/30/2019                | Response to 2020 VT Exchange Objection #1_REDACTED.pdf   |

**State:** VermontGMCB  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

**Filing Company:** MVP Health Plan, Inc.

| Creation Date | Schedule Item Status | Schedule            | Schedule Item Name   | Replacement Creation Date | Attached Document(s)  |
|---------------|----------------------|---------------------|----------------------|---------------------------|---|
| 05/21/2019    |                      | Supporting Document | Actuarial Memorandum | 06/10/2019                | 2020 Actuarial Memorandum Vermont Exchange.pdf<br>Actuarial Memo Dataset (2020 issues)_SERFF.xlsx<br>Actuarial Memo Dataset (2020 issues)_SERFF.pdf<br>Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf (Superceded)<br>Non-Standard AVC Screenshots_VT 2020 Exchange.pdf (Superceded)<br>Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf<br>MVPH-131934219 Amendment 052119.pdf<br>Rate Increase Exhibit 2019-2020_052119_SERFF.pdf<br>Rate Increase Exhibit 2019-2020_052119_SERFF.xlsx<br>VT 2020 Exchange Rate Filing_052119_SERFF.pdf<br>VT 2020 Exchange Rate Filing_052119_SERFF.xlsx |
| 05/13/2019    |                      | Supporting Document | Actuarial Memorandum | 05/21/2019                | 2020 Actuarial Memorandum Vermont Exchange.pdf<br>Actuarial Memo Dataset (2020 issues)_SERFF.xlsx<br>Actuarial Memo Dataset (2020 issues)_SERFF.pdf<br>Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf<br>Non-Standard AVC Screenshots_VT 2020 Exchange.pdf<br>Rate Increase Exhibit 2019-2020_SERFF.pdf (Superceded)<br>Rate Increase Exhibit 2019-2020_SERFF.xlsx (Superceded)<br>Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf<br>VT 2020 Exchange Rate Filing_SERFF.pdf (Superceded)<br>VT 2020 Exchange Rate Filing_SERFF.xlsx (Superceded)  |

**State:** VermontGMCB  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO  
**Product Name:** VT Exchange 2020  
**Project Name/Number:** /

**Filing Company:** MVP Health Plan, Inc.

| Creation Date | Schedule Item Status | Schedule            | Schedule Item Name           | Replacement Creation Date | Attached Document(s)  |
|---------------|----------------------|---------------------|------------------------------|---------------------------|---|
| 05/09/2019    |                      | Supporting Document | Actuarial Memorandum         | 05/13/2019                | 2020 Actuarial Memorandum Vermont Exchange.pdf<br>Actuarial Memo Dataset (2020 issues)_SERFF.xlsx<br>Actuarial Memo Dataset (2020 issues)_SERFF.pdf<br>Federal AVC Actuarial Certification for Non-standard Plans - 2020.pdf<br>Non-Standard AVC Screenshots_VT 2020 Exchange.pdf<br>Rate Increase Exhibit 2019-2020_Felt by Vermonters_SERFF.pdf (Superceded)<br>Rate Increase Exhibit 2019-2020_Felt by Vermonters_SERFF.xlsx (Superceded)<br>Rate Increase Exhibit 2019-2020_SERFF.pdf<br>Rate Increase Exhibit 2019-2020_SERFF.xlsx<br>Wakely - VT Standard Plan Designs - AV Certification_2019-05-09.pdf<br>VT 2020 Exchange Rate Filing_SERFF.pdf<br>VT 2020 Exchange Rate Filing_SERFF.xlsx |
| 05/09/2019    |                      | Supporting Document | Consumer Disclosure Form     | 05/13/2019                | Consumer Disclosure Form about Rate Increases - 2020 VT Exchange.pdf (Superceded)   |
| 05/09/2019    |                      | Supporting Document | Unified Rate Review Template | 08/09/2019                | Unified_Rate_Review_Template_2020_MVPH_VT_Combined.pdf (Superceded)<br>Unified_Rate_Review_Template_2020_MVPH_VT_Combined.xlsm (Superceded)<br>UnifiedRateReviewSubmission_201905089357.xml (Superceded)  |

SERFF Tracking #:

MVPH-131934219

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

MVP Health Plan, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name:

VT Exchange 2020

Project Name/Number:

/

***Attachment Rate Increase Exhibit 2019-2020\_052119\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

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***Attachment Rate Increase Exhibit 2019-2020\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment VT 2020 Exchange Rate Filing\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Rate Increase Exhibit 2019-2020\_Felt by Vermonters\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Unified\_Rate\_Review\_Template\_2020\_MVPHP\_VT\_Combined.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment UnifiedRateReviewSubmission\_201905089357.xml is not a PDF document and cannot be reproduced here.***





**MVP Health Care -- 2020 Exchange Rate Filing**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2019 to 2020 Benefits
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R
- Exhibit 3 -- Index Rate Development
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- Calculation of CSR Defunding Load
- Exhibit 7 -- 2020 Premium Rates

**Exhibit 1 – Summary of Medical Coplans Offered**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Plan  
 For Effective Dates Beginning Between January 1, 2020 - December 31, 2021

| Form ID                    | Product Type | Metal Level  | Standard/Non-Standard | On/Off Exchange | In-Network Benefits |             |               |       |         |               |                |                |                 |          |              | Pharmacy  |             |                    |                    |                   |                   |  |  |
|----------------------------|--------------|--------------|-----------------------|-----------------|---------------------|-------------|---------------|-------|---------|---------------|----------------|----------------|-----------------|----------|--------------|-----------|-------------|--------------------|--------------------|-------------------|-------------------|--|--|
|                            |              |              |                       |                 | PCP                 | SCP         | IP (Med/Surg) | ER    | OP Surg | Amb           | Med Ded Single | Med Ded Family | Deductible Type | Coins.   | Med OOP Type |           | Rx OOP Type | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type   |  |
| FRVT-HMO-P-001-S (2020)    | HyHMO        | Platinum     | Standard              | On Exchange     | \$15 No DD          | \$40 No DD  | 10%           | \$100 | 10%     | \$60 No DD    | \$350          | \$700          | Embedded        | 10%      | Embedded     | Embedded  | \$1,350     | \$2,700            | \$1,350            | \$2,700           | Separate          | \$10/\$50/50%  |  |
| FRVT-HMO-G-001-S (2020)    | HyHMO        | Gold         | Standard              | On Exchange     | \$25 No DD          | \$50 No DD  | 30%           | \$150 | 30%     | \$70 No DD    | \$900          | \$1,800        | Embedded        | 30%      | Embedded     | Embedded  | \$5,000     | \$10,000           | \$1,350            | \$2,700           | Separate          | \$10/\$50/50% \$100/\$200 Brand Ded                                    |  |
| FRVT-HMO-G-002-N (2020)    | HyHMO        | Gold         | Non-Standard          | On Exchange     | \$30                | \$50        | 75000%        | \$250 | 50%     | \$500 (Fac)   | \$0            | \$0            | Embedded        | 20%      | Embedded     | Embedded  | \$6,050     | \$12,100           | \$1,350            | \$2,700           | Separate          | \$10/\$40/50%, VBIID = \$1 #   |  |
| FRVT-HMOH-G-003-N (2020)   | HDHMO        | Gold         | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%    | 0%      | \$0           | \$0            | \$0            | Aggregate       | 0%       | Aggregate    | Aggregate | \$2,700     | \$5,400            | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                                |  |
| FRVT-HMO-S-003-S (2020)    | HyHMO        | Silver       | Standard              | On Exchange     | \$35 No DD          | \$80 No DD  | 40%           | \$250 | 50%     | \$100 No DD   | \$3,200        | \$6,400        | Embedded        | 40%      | Embedded     | Embedded  | \$7,900     | \$15,800           | \$1,350            | \$2,700           | Integrated        | \$15 / \$60 / 50%, \$350/\$700 Brand Ded                               |  |
| FRVT-HMOH-S-004-S (2020)   | HDHMO        | Silver       | Standard              | On Exchange     | 10%                 | 30%         | 30%           | 30%   | 30%     | 30%           | \$1,700        | \$3,400        | Aggregate       | 30%      | Stacked      | Aggregate | \$6,750     | \$13,500           | \$1,400            | \$2,800           | Integrated        | \$10/\$40/50%  |  |
| FRVT-HMOH-S-002-N (2020)   | HDHMO        | Silver       | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%    | 0%      | \$0           | \$4,750        | \$9,500        | Embedded        | 0%       | Embedded     | Aggregate | \$4,750     | \$9,500            | \$1,400            | \$2,800           | Integrated        | 0%/0%/0%   |  |
| FRVT-HMO-S-001-N (2020)    | HyHMO        | Silver       | Non-Standard          | On Exchange     | \$30**              | \$60        | 50%           | \$400 | 50%     | \$1,400 (Fac) | \$100          | \$1,500        | \$3,000         | Embedded | 50%          | Embedded  | Embedded    | \$6,500            | \$13,000           | \$1,350           | \$2,700           | Separate   | \$500/\$1000 Ded then \$5/50%/50%, VBIID = \$1 # |
| VT-HMO-S-003-S II (2020)   | HyHMO        | Silver       | Standard              | Off Exchange    | \$35 No DD          | \$80 No DD  | 50%           | \$250 | 50%     | \$105 No DD   | \$3,200        | \$6,400        | Embedded        | 50%      | Embedded     | Embedded  | \$7,900     | \$15,800           | \$1,350            | \$2,700           | Integrated        | \$15 / \$60 / 50%, \$350 / \$700 Brand Ded                             |  |
| VT-HMOH-S-004-S II (2020)  | HDHMO        | Silver       | Standard              | Off Exchange    | 10%                 | 30%         | 30%           | 30%   | 30%     | 30%           | \$1,700        | \$3,400        | Aggregate       | 30%      | Stacked      | Aggregate | \$6,750     | \$13,500           | \$1,350            | \$2,700           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible                            |  |
| VT-HMOH-S-002-N II (2020)  | HDHMO        | Silver       | Non-Standard          | Off Exchange    | 0%                  | 0%          | 0%            | 0%    | 0%      | \$0           | \$4,775        | \$9,550        | Embedded        | 0%       | Embedded     | Aggregate | \$4,775     | \$9,550            | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                                |  |
| FRVT-HMO-S-001-N II (2020) | HyHMO        | Silver       | Non-Standard          | Off Exchange    | \$30**              | \$60        | 50%           | \$400 | 50%     | \$300 (Phys)  | \$105          | \$1,550        | \$3,000         | Embedded | 50%          | Embedded  | Embedded    | \$6,500            | \$13,000           | \$1,350           | \$2,700           | Separate   | \$500 Ded then \$5/50%/50%, VBIID = \$1 #        |
| FRVT-HMO-B-002-S (2020)    | HMO          | Bronze       | Standard              | On Exchange     | \$35                | \$90        | 50%           | 50%   | 50%     | 50%           | \$100          | \$6,000        | \$12,000        | Embedded | 50%          | Embedded  | Embedded    | \$8,150            | \$16,300           | \$1,350           | \$2,700           | Integrated   | \$1000/\$1200 Ded then \$20/\$85/60%             |
| FRVT-HMOH-B-003-S (2020)   | HDHMO        | Bronze       | Standard              | On Exchange     | 50%                 | 50%         | 50%           | 50%   | 50%     | 50%           | \$5,500        | \$11,000       | Aggregate       | 50%      | Stacked      | Aggregate | \$6,750     | \$13,500           | \$1,400            | \$2,800           | Integrated        | \$1240/60%   |  |
| FRVT-HMO-B-004-S (2020)    | HMO          | Bronze       | Standard              | On Exchange     | \$40 No DD          | \$100 No DD | 0%            | 0%    | 0%      | 0%            | \$7,900        | \$15,800       | Embedded        | 0%       | Embedded     | Embedded  | \$7,900     | \$15,800           | N/A                | N/A               | N/A               | \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBIID = \$3 # |  |
| FRVT-HMO-B-005-N (2020)    | HMO          | Bronze       | Non-Standard          | On Exchange     | 0%**                | 0%          | 0%            | 0%    | 0%      | 0%            | \$7,600        | \$15,200       | Embedded        | 0%       | Embedded     | Embedded  | \$7,600     | \$15,200           | N/A                | N/A               | N/A               | VBIID = \$3 #  |  |
| FRVT-HMO-B-001-N (2020)    | HMO          | Bronze       | Non-Standard          | On Exchange     | \$40                | \$100       | 50%           | 50%   | 50%     | 50%           | \$100          | \$7,250        | \$14,500        | Embedded | 50%          | Embedded  | Embedded    | \$8,000            | \$16,000           | N/A               | N/A               | N/A  | \$25/\$100/60%, \$700/\$1400 Ded, VBIID = \$3 #  |
| FRVT-HMO-C-001-N (2020)    | HMO          | Catastrophic | Standard              | On Exchange     | \$0**               | 0%          | 0%            | 0%    | 0%      | 0%            | \$8,150        | \$16,300       | Embedded        | 0%       | Embedded     | Embedded  | \$8,150     | \$16,300           | \$1,350            | \$2,700           | Integrated        | \$0 / \$0 / \$0 Subject to Med Deductible                              |  |

| Subsidized Cost-Sharing Benefits (Non AI/AN) |              |             |                       |                 | In-Network Benefits |            |               |       |         |               |                |                |                 |           |              | Pharmacy  |             |                    |                    |                   |                   |   |   |
|--|--------------|-------------|-----------------------|-----------------|---------------------|------------|---------------|-------|---------|---------------|----------------|----------------|-----------------|-----------|--------------|-----------|-------------|--------------------|--------------------|-------------------|-------------------|---|---|
| Coplan                                       | Product Type | Metal Level | Standard/Non-Standard | On/Off Exchange | PCP                 | SCP        | IP (Med/Surg) | ER    | OP Surg | Amb           | Med Ded Single | Med Ded Family | Deductible Type | Coins.    | Med OOP Type |           | Rx OOP Type | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type                                |   |
| FRVT-HMO-S3-001-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$35 No DD          | \$70 No DD | 50%           | \$250 | 50%     | \$100 No DD   | \$3,100        | \$6,200        | Embedded        | 50%       | Embedded     | Embedded  | \$6,500     | \$13,000           | \$1,200            | \$2,400           | Integrated        | \$12 / \$60 / 50%, \$350 / \$700 Brand Ded  |   |
| FRVT-HMO-S3-002-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$10 No DD          | \$30 No DD | 40%           | \$250 | 40%     | \$100 No DD   | \$900          | \$1,800        | Embedded        | 40%       | Embedded     | Embedded  | \$1,900     | \$3,800            | \$400              | \$800             | Integrated        | \$10 / \$50 / 50%, \$150 / \$300 Brand Ded  |   |
| FRVT-HMO-S3-003-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$5 No DD           | \$15 No DD | 10%           | \$75  | 10%     | \$50 No DD    | \$200          | \$400          | Embedded        | 10%       | Embedded     | Embedded  | \$900       | \$1,800            | \$200              | \$400             | Integrated        | \$5 / \$20 / 30%                            |   |
| FRVT-HMO-S3-004-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$25 No DD          | \$45 No DD | 50%           | \$250 | 50%     | \$100 No DD   | \$2,300        | \$4,600        | Embedded        | 50%       | Embedded     | Embedded  | \$5,000     | \$10,000           | \$1,000            | \$2,000           | Integrated        | \$12 / \$60 / 50%, \$200 / \$500 Brand Ded  |   |
| FRVT-HMOH-S4-001-S (2020)                    | HDHMO        | Silver      | Standard              | On Exchange     | Ded then 10%        | 25%        | 25%           | 25%   | 25%     | 25%           | \$1,700        | \$3,400        | Aggregate       | 25%       | Stacked      | Aggregate | \$5,500     | \$11,000           | \$1,400            | \$2,800           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |   |
| FRVT-HMOH-S4-002-S (2020)                    | HMO          | Silver      | Standard              | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%            | \$0            | \$1,250        | \$2,500         | Aggregate | 0%           | Aggregate | Aggregate   | \$1,250            | \$2,500            | N/A               | N/A               | N/A   | \$0 / \$0 / 0% Subject to Med Deductible          |
| FRVT-HMOH-S4-003-S (2020)                    | HMO          | Silver      | Standard              | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%            | \$0            | \$550          | \$1,100         | Aggregate | 0%           | Aggregate | Aggregate   | \$550              | \$1,100            | N/A               | N/A               | N/A   | \$0 / \$0 / 0% Subject to Med Deductible          |
| FRVT-HMOH-S4-004-S (2020)                    | HDHMO        | Silver      | Standard              | On Exchange     | Ded then 10%        | 25%        | 25%           | 25%   | 25%     | 25%           | \$1,450        | \$2,900        | Aggregate       | 25%       | Aggregate    | Aggregate | \$3,400     | \$6,800            | \$1,400            | \$2,800           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |   |
| FRVT-HMOH-S2-001-N (2020)                    | HDHMO        | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%            | \$4,400        | \$8,800        | Embedded        | 0%        | Embedded     | Aggregate | \$4,400     | \$8,800            | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible     |   |
| FRVT-HMOH-S2-002-N (2020)                    | HMO          | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%            | \$1,400        | \$2,800        | Embedded        | 0%        | Embedded     | Embedded  | \$1,400     | \$2,800            | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |   |
| FRVT-HMOH-S2-003-N (2020)                    | HMO          | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%            | \$600          | \$1,200        | Embedded        | 0%        | Embedded     | Embedded  | \$600       | \$1,200            | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |   |
| FRVT-HMOH-S2-004-N (2020)                    | HMO          | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%            | \$3,250        | \$6,500        | Embedded        | 0%        | Embedded     | Aggregate | \$3,250     | \$6,500            | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible     |   |
| FRVT-HMO-S1-001-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$30**              | \$60       | 50%           | \$350 | 50%     | \$1,400 (Fac) | \$100          | \$1,300        | \$2,600         | Embedded  | 50%          | Embedded  | Embedded    | \$5,400            | \$10,800           | \$1,350           | \$2,700           | Separate                                    | \$450 Ded then \$5/50%/50%, VBIID = \$1 #         |
| FRVT-HMO-S1-002-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$5 No DD           | \$30       | 10%           | \$50  | 10%     | \$100 (Phys)  | \$0            | \$0            | \$0             | Embedded  | 10%          | Embedded  | Embedded    | \$2,450            | \$4,900            | \$600             | \$1,200           | Separate                                    | \$5 / 20% / 40%, VBIID = \$1 #                    |
| FRVT-HMO-S1-003-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$5 No DD           | \$10       | 5%            | \$25  | 5%      | \$20 (Phys)   | \$0            | \$0            | \$0             | Embedded  | 5%           | Embedded  | Embedded    | \$1,450            | \$2,900            | \$350             | \$700             | Separate                                    | \$5 / 5% / 5%, VBIID = \$1 #                      |
| FRVT-HMO-S1-004-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$10**              | \$40       | 30%           | \$100 | 30%     | \$200 (Phys)  | \$100          | \$500          | \$1,000         | Embedded  | 30%          | Embedded  | Embedded    | \$5,400            | \$10,800           | \$1,350           | \$2,700           | Separate                                    | \$5 / 40% / 40%, \$200 / \$400 Ded, VBIID = \$1 # |

| American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized)* |              |             |                       |                 | In-Network Benefits |             |               |             |         |               |                |                |                 |          |              | Pharmacy  |             |                    |                    |                   |                   |  |  |
|---|--------------|-------------|-----------------------|-----------------|---------------------|-------------|---------------|-------------|---------|---------------|----------------|----------------|-----------------|----------|--------------|-----------|-------------|--------------------|--------------------|-------------------|-------------------|--|--|
| Form ID   | Product Type | Metal Level | Standard/Non-Standard | On/Off Exchange | PCP                 | SCP         | IP (Med/Surg) | ER          | OP Surg | Amb           | Med Ded Single | Med Ded Family | Deductible Type | Coins.   | Med OOP Type |           | Rx OOP Type | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type   |  |
| FRVT-HMO-PA2-001-S (2020)   | HyHMO        | Platinum    | Standard              | On Exchange     | \$15 No DD          | \$40 No DD  | 10%           | \$100       | 10%     | \$60 No DD    | \$350          | \$700          | Embedded        | 10%      | Embedded     | Embedded  | \$1,350     | \$2,700            | \$1,350            | \$2,700           | Separate          | \$10/\$50/50%  |  |
| FRVT-HMO-GA2-001-S (2020)   | HyHMO        | Gold        | Standard              | On Exchange     | \$20 No DD          | \$50 No DD  | 30%           | \$150       | 30%     | \$70 No DD    | \$900          | \$1,800        | Embedded        | 30%      | Embedded     | Embedded  | \$5,000     | \$10,000           | \$1,350            | \$2,700           | Separate          | \$10/\$50/50% \$100/\$200 Brand Ded                                    |  |
| FRVT-HMO-GA2-002-N (2020)   | HyHMO        | Gold        | Non-Standard          | On Exchange     | \$30 No DD          | \$50 No DD  | \$750 No DD   | \$250 No DD | 0%      | 0%            | \$0            | \$0            | Embedded        | 20%      | Embedded     | Embedded  | \$6,050     | \$12,100           | \$1,350            | \$2,700           | Separate          | \$10/\$40/50% No DD, VBIID = \$1 #                                     |  |
| FRVT-HMOH-GA2-003-N (2020)  | HDHMO        | Gold        | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%          | 0%      | 0%            | \$0            | \$0            | Aggregate       | 0%       | Aggregate    | Aggregate | \$2,700     | \$5,400            | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                                |  |
| FRVT-HMO-SA2-003-S (2020)   | HyHMO        | Silver      | Standard              | On Exchange     | \$35 No DD          | \$80 No DD  | 40%           | \$250       | 50%     | \$100 No DD   | \$3,200        | \$6,400        | Embedded        | 40%      | Embedded     | Embedded  | \$7,900     | \$15,800           | \$1,350            | \$2,700           | Integrated        | \$15 / \$60 / 50%, \$350/\$700 Brand Ded                               |  |
| FRVT-HMOH-SA2-004-S (2020)  | HDHMO        | Silver      | Standard              | On Exchange     | 10%                 | 30%         | 30%           | 30%         | 30%     | 30%           | \$1,700        | \$3,400        | Aggregate       | 30%      | Stacked      | Aggregate | \$6,750     | \$13,500           | \$1,350            | \$2,700           | Integrated        | \$10/\$40/50%  |  |
| FRVT-HMOH-SA2-002-N (2020)  | HDHMO        | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%          | 0%      | \$0           | \$4,750        | \$9,500        | Embedded        | 0%       | Embedded     | Aggregate | \$4,750     | \$9,500            | \$1,350            | \$2,700           | Integrated        | 0%/0%/0%   |  |
| FRVT-HMO-SA2-001-N (2020)   | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$30**              | \$60        | 50%           | \$400       | 50%     | \$1,400 (Fac) | \$100          | \$1,500        | \$3,000         | Embedded | 50%          | Embedded  | Embedded    | \$6,500            | \$13,000           | \$1,350           | \$2,700           | Separate   | \$500/\$1000 Ded then \$5/50%/50%, VBIID = \$1 # |
| FRVT-HMO-BA2-002-S (2020)   | HyHMO        | Bronze      | Standard              | On Exchange     | \$35                | \$90        | 50%           | 50%         | 50%     | 50%           | \$100          | \$6,000        | \$12,000        | Embedded | 50%          | Embedded  | Embedded    | \$8,200            | \$16,400           | \$1,350           | \$2,700           | Integrated   | \$1000/\$1200 Ded then \$20/\$85/60%             |
| FRVT-HMOH-BA2-003-S (2020)  | HDHMO        | Bronze      | Standard              | On Exchange     | 50%                 | 50%         | 50%           | 50%         | 50%     | 50%           | \$5,500        | \$11,000       | Aggregate       | 50%      | Stacked      | Aggregate | \$6,750     | \$13,500           | \$1,350            | \$2,700           | Integrated        | \$1240/60%   |  |
| FRVT-HMO-BA2-004-S (2020)   | HyHMO        | Bronze      | Standard              | On Exchange     | \$40 No DD          | \$100 No DD | 0%            | 0%          | 0%      | 0%            | \$7,900        | \$15,800       | Aggregate       | 0%       | Embedded     | Embedded  | \$7,900     | \$15,800           | N/A                | N/A               | N/A               | \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBIID = \$3 # |  |
| FRVT-HMO-BA2-005-N (2020)   | HyHMO        | Bronze      | Non-Standard          | On Exchange     | 0%**                | 0%          | 0%            | 0%          | 0%      | 0%            | \$7,600        | \$15,200       | Embedded        | 0%       | Embedded     | Embedded  | \$7,600     | \$15,200           | N/A                | N/A               | N/A               | VBIID = \$3 #  |  |
| FRVT-HMO-BA2-001-N (2020)   | HyHMO        | Bronze      | Non-Standard          | On Exchange     | \$40                | \$100       | 50%           | 50%         | 50%     | 50%           | \$100          | \$7,250        | \$14,500        | Embedded | 50%          | Embedded  | Embedded    | \$8,000            | \$16,000           | N/A               | N/A               | N/A  | \$25/\$100/60%, \$700/\$1400 Ded, VBIID = \$3 #  |

| American Indian and Alaskan Native (AI/AN) Benefits (Subsidized) |              |             |                       |                 | In-Network Benefits |     |               |    |         |     |                |                |                 |       |  | Pharmacy |
|--|--------------|-------------|-----------------------|-----------------|---------------------|-----|---------------|----|---------|-----|----------------|----------------|-----------------|-------|--|----------|
| Coplan   | Product Type | Metal Level | Standard/Non-Standard | On/Off Exchange | PCP                 | SCP | IP (Med/Surg) | ER | OP Surg | Amb | Med Ded Single | Med Ded Family | Deductible Type | Coins |  |          |

**Exhibit 1a -- Comparison of 2019 to 2020 Benefits by Plan**  
 MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| Form ID                  | Product Type | Metal Level  | Standard/Non-Standard | In-Network Benefits |             |               |       |               |              |                |                |                 |           |              | Pharmacy  |             |                    |                    |                   |                   |  |   |
|--------------------------|--------------|--------------|-----------------------|---------------------|-------------|---------------|-------|---------------|--------------|----------------|----------------|-----------------|-----------|--------------|-----------|-------------|--------------------|--------------------|-------------------|-------------------|--|---|
|                          |              |              |                       | PCP                 | SCP         | IP (Med/Surg) | ER    | OP Surg       | Amb          | Med Ded Single | Med Ded Family | Deductible Type | Coins.    | Med OOP Type |           | Rx OOP Type | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type   |   |
| FRVT-HMO-P-001-S (2019)  | HyHMO        | Platinum     | Standard              | \$10 No DD          | \$30 No DD  | 10%           | \$100 | 10%           | \$50 No DD   | \$350          | \$700          | Embedded        | 10%       | Embedded     | Embedded  | \$1,350     | \$2,700            | \$1,350            | \$2,700           | Separate          | \$5 / \$50 / 50%   |   |
| FRVT-HMO-P-001-S (2020)  | HyHMO        | Platinum     | Standard              | \$15 No DD          | \$40 No DD  | 10%           | \$100 | 10%           | \$60 No DD   | \$350          | \$700          | Embedded        | 10%       | Embedded     | Embedded  | \$1,350     | \$2,700            | \$1,350            | \$2,700           | Separate          | \$10/\$50/50%  |   |
| FRVT-HMO-G-001-S (2019)  | HyHMO        | Gold         | Standard              | \$15 No DD          | \$30 No DD  | 30%           | \$150 | 30%           | \$50 No DD   | \$850          | \$1,700        | Embedded        | 30%       | Embedded     | Embedded  | \$4,700     | \$9,400            | \$1,350            | \$2,700           | Separate          | \$10 / \$50 / 50%, \$100 / \$200 Brand Ded                           |   |
| FRVT-HMO-G-001-S (2020)  | HyHMO        | Gold         | Standard              | \$20 No DD          | \$50 No DD  | 30%           | \$150 | 30%           | \$70 No DD   | \$800          | \$1,600        | Embedded        | 30%       | Embedded     | Embedded  | \$5,000     | \$10,000           | \$1,350            | \$2,700           | Separate          | \$10/\$50/50%, \$100/\$200 Brand Ded                                 |   |
| FRVT-HMO-G-002-N (2019)  | HyHMO        | Gold         | Non-Standard          | \$15 No DD          | \$40 No DD  | 20%           | \$250 | 20%           | \$50         | \$850          | \$1,700        | Embedded        | 20%       | Embedded     | Embedded  | \$6,050     | \$12,100           | \$1,350            | \$2,700           | Separate          | \$5 / \$40 / 50%, \$225 / \$450 Brand Ded, VBD = \$1 #               |   |
| FRVT-HMO-G-002-N (2020)  | HMO          | Gold         | Non-Standard          | \$30                | \$50        | \$750         | \$250 | \$100 (Phys)  | \$50         | \$0            | \$0            | Embedded        | 20%       | Embedded     | Embedded  | \$6,050     | \$12,100           | \$1,350            | \$2,700           | Separate          | \$10/\$40/50%, VBD = \$1 #   |   |
| FRVT-HMOH-G-003-N (2019) | HDHMO        | Gold         | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%           | \$2,700        | \$5,400        | Aggregate       | 0%        | Aggregate    | Aggregate | \$2,700     | \$5,400            | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                              |   |
| FRVT-HMOH-G-003-N (2020) | HDHMO        | Gold         | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%           | \$2,700        | \$5,400        | Aggregate       | 0%        | Aggregate    | Aggregate | \$2,700     | \$5,400            | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                              |   |
| FRVT-HMOH-S-003-S (2019) | HyHMO        | Silver       | Standard              | \$30 No DD          | \$75 No DD  | 40%           | \$250 | 40%           | \$100 No DD  | \$2,800        | \$5,600        | Embedded        | 40%       | Embedded     | Embedded  | \$7,500     | \$15,000           | \$1,350            | \$2,700           | Integrated        | \$15 / \$60 / 50%, \$300 / \$600 Brand Ded                           |   |
| FRVT-HMO-S-003-S (2020)  | HyHMO        | Silver       | Standard              | \$35 No DD          | \$80 No DD  | 40%           | \$250 | 50%           | \$100 No DD  | \$3,200        | \$6,400        | Embedded        | 40%       | Embedded     | Embedded  | \$7,900     | \$15,800           | \$1,350            | \$2,700           | Integrated        | \$15 / \$60 / 50%, \$350/\$700 Brand Ded                             |   |
| FRVT-HMOH-S-004-S (2019) | HDHMO        | Silver       | Standard              | 10%                 | 30%         | 30%           | 30%   | 30%           | 30%          | \$1,550        | \$3,100        | Aggregate       | 30%       | Stacked      | Aggregate | \$6,650     | \$13,300*          | \$1,350            | \$2,700           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible                          |   |
| FRVT-HMOH-S-004-S (2020) | HDHMO        | Silver       | Standard              | 10%                 | 30%         | 30%           | 30%   | 30%           | 30%          | \$1,700        | \$3,400        | Aggregate       | 30%       | Stacked      | Aggregate | \$6,750     | \$13,500*          | \$1,400            | \$2,800           | Integrated        | \$10/\$40/50%  |   |
| FRVT-HMOH-S-002-N (2019) | HDHMO        | Silver       | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%           | \$4,100        | \$8,200        | Embedded        | 0%        | Embedded     | Aggregate | \$4,100     | \$8,200            | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                              |   |
| FRVT-HMOH-S-002-N (2020) | HDHMO        | Silver       | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%           | \$4,750        | \$9,500        | Embedded        | 0%        | Embedded     | Aggregate | \$4,750     | \$9,500            | \$1,400            | \$2,800           | Integrated        | 0%/0%/0%   |   |
| FRVT-HMO-S-001-N (2019)  | HyHMO        | Silver       | Non-Standard          | \$30**              | \$60        | 50%           | \$400 | \$1,400 (Fac) | \$600 (Phys) | \$100          | \$1,400        | \$2,800         | Embedded  | 50%          | Embedded  | Embedded    | \$6,050            | \$12,100           | \$1,350           | \$2,700           | Separate   | \$5 / 50% / 50%, \$400 / \$800 Ded, VBD = \$1 #     |
| FRVT-HMO-S-001-N (2020)  | HyHMO        | Silver       | Non-Standard          | \$30**              | \$60        | 50%           | \$400 | \$1,400 (Fac) | \$600 (Phys) | \$100          | \$1,600        | \$3,000         | Embedded  | 50%          | Embedded  | Embedded    | \$6,500            | \$13,000           | \$1,350           | \$2,700           | Separate   | \$500/\$1000 Ded then \$5/50%/50%, VBD = \$1 #      |
| FRVT-HMO-B-002-S (2019)  | HMO          | Bronze       | Standard              | \$35                | \$90        | 50%           | 50%   | 50%           | 50%          | \$100          | \$5,500        | \$11,000        | Embedded  | 50%          | Embedded  | Embedded    | \$7,900            | \$15,800           | \$1,350           | \$2,700           | Integrated   | \$20 / \$85 / 60%, \$900 / \$1,800 Ded              |
| FRVT-HMO-B-002-S (2020)  | HMO          | Bronze       | Standard              | \$35                | \$90        | 50%           | 50%   | 50%           | 50%          | \$100          | \$6,000        | \$12,000        | Embedded  | 50%          | Embedded  | Embedded    | \$8,150            | \$16,300           | \$1,350           | \$2,700           | Integrated   | \$1000/\$200 Ded then \$20/\$85/60%                 |
| FRVT-HMOH-B-003-S (2019) | HDHMO        | Bronze       | Standard              | 50%                 | 50%         | 50%           | 50%   | 50%           | 50%          | \$5,250        | \$10,500       | Aggregate       | 50%       | Stacked      | Aggregate | \$6,650     | \$13,300*          | \$1,350            | \$2,700           | Integrated        | \$12 / 40% / 60% Subject to Med Deductible                           |   |
| FRVT-HMOH-B-003-S (2020) | HDHMO        | Bronze       | Standard              | 50%                 | 50%         | 50%           | 50%   | 50%           | 50%          | \$5,500        | \$11,000       | Aggregate       | 50%       | Stacked      | Aggregate | \$6,750     | \$13,500*          | \$1,400            | \$2,800           | Integrated        | \$12/40%/60%   |   |
| FRVT-HMO-B-004-S (2019)  | HyHMO        | Bronze       | Standard              | \$40 No DD          | \$100 No DD | 0%            | 0%    | 0%            | 0%           | \$7,600        | \$15,200       | Embedded        | 0%        | Embedded     | Embedded  | \$7,600     | \$15,200           | N/A                | N/A               | N/A               | \$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible              |   |
| FRVT-HMO-B-004-S (2020)  | HMO          | Bronze       | Standard              | \$40 No DD          | \$100 No DD | 0%            | 0%    | 0%            | 0%           | \$7,900        | \$15,800       | Embedded        | 0%        | Embedded     | Embedded  | \$7,900     | \$15,800           | N/A                | N/A               | N/A               | \$25 No DD/0%/0%   |   |
| FRVT-HMO-B-005-N (2019)  | HyHMO        | Bronze       | Non-Standard          | 0%**                | 0%          | 0%            | 0%    | 0%            | 0%           | \$7,600        | \$15,200       | Embedded        | 0%        | Embedded     | Embedded  | \$7,600     | \$15,200           | N/A                | N/A               | N/A               | \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBD = \$3 # |   |
| FRVT-HMO-B-005-N (2020)  | HMO          | Bronze       | Non-Standard          | 0%**                | 0%          | 0%            | 0%    | 0%            | 0%           | \$7,600        | \$15,200       | Embedded        | 0%        | Embedded     | Embedded  | \$7,600     | \$15,200           | N/A                | N/A               | N/A               | \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBD = \$3 # |   |
| FRVT-HMO-B-001-N (2019)  | HyHMO        | Bronze       | Non-Standard          | \$40                | \$100       | 50%           | 50%   | 50%           | 50%          | \$100          | \$6,750        | \$13,500        | Aggregate | 50%          | Embedded  | Embedded    | \$7,900            | \$15,800           | \$1,350           | \$2,700           | Integrated   | \$20 / \$90 / 60%, \$550 / \$1,100 Ded, VBD = \$3 # |
| FRVT-HMO-B-001-N (2020)  | HMO          | Bronze       | Non-Standard          | \$40                | \$100       | 50%           | 50%   | 50%           | 50%          | \$100          | \$7,250        | \$14,500        | Aggregate | 50%          | Embedded  | Embedded    | \$8,000            | \$16,000           | N/A               | N/A               | N/A  | \$25/\$100/60%, \$700/\$1400 Ded, VBD = \$3 #       |
| FRVT-HMO-C-001-N (2019)  | HMO          | Catastrophic | Standard              | \$0**               | \$0         | 0%            | 0%    | 0%            | 0%           | \$0            | \$7,900        | \$15,800        | Embedded  | 0%           | Embedded  | Embedded    | \$7,900            | \$15,800           | \$1,350           | \$2,700           | Integrated   | \$0 / \$0 / \$0 Subject to Med Deductible           |
| FRVT-HMO-C-001-N (2020)  | HMO          | Catastrophic | Standard              | \$0**               | \$0         | 0%            | 0%    | 0%            | 0%           | \$0            | \$8,150        | \$16,300        | Embedded  | 0%           | Embedded  | Embedded    | \$8,150            | \$16,300           | \$1,350           | \$2,700           | Integrated   | \$0 / \$0 / \$0 Subject to Med Deductible           |

| Subsidized Cost-Sharing Benefits (Non AI/AN) |              |             |                       | In-Network Benefits |            |               |       |         |             |                |                |                 |        |              | Pharmacy  |             |                    |                    |                   |                   |   |
|--|--------------|-------------|-----------------------|---------------------|------------|---------------|-------|---------|-------------|----------------|----------------|-----------------|--------|--------------|-----------|-------------|--------------------|--------------------|-------------------|-------------------|---|
| Coplan                                       | Product Type | Metal Level | Standard/Non-Standard | PCP                 | SCP        | IP (Med/Surg) | ER    | OP Surg | Amb         | Med Ded Single | Med Ded Family | Deductible Type | Coins. | Med OOP Type |           | Rx OOP Type | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type                                |
| FRVT-HMO-S3-001-S (2019)                     | HyHMO        | Silver      | Standard              | \$30 No DD          | \$65 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$2,700        | \$5,400        | Embedded        | 40%    | Embedded     | Embedded  | \$6,300     | \$12,600           | \$1,200            | \$2,400           | Integrated        | \$12 / \$60 / 50%, \$300 / \$600 Brand Ded  |
| FRVT-HMO-S3-001-S (2020)                     | HyHMO        | Silver      | Standard              | \$35 No DD          | \$70 No DD | 50%           | \$250 | 50%     | \$100 No DD | \$3,100        | \$6,200        | Embedded        | 50%    | Embedded     | Embedded  | \$6,500     | \$13,000           | \$1,200            | \$2,400           | Integrated        | \$12 / \$60 / 50%, \$350 / \$700 Brand Ded  |
| FRVT-HMO-S3-002-S (2019)                     | HyHMO        | Silver      | Standard              | \$10 No DD          | \$30 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$800          | \$1,600        | Embedded        | 40%    | Embedded     | Embedded  | \$1,800     | \$3,600            | \$400              | \$800             | Integrated        | \$10 / \$50 / 50%, \$150 / \$300 Brand Ded  |
| FRVT-HMO-S3-002-S (2020)                     | HyHMO        | Silver      | Standard              | \$10 No DD          | \$30 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$900          | \$1,800        | Embedded        | 40%    | Embedded     | Embedded  | \$1,900     | \$3,800            | \$400              | \$800             | Integrated        | \$10 / \$50 / 50%, \$150 / \$300 Brand Ded  |
| FRVT-HMO-S3-003-S (2019)                     | HyHMO        | Silver      | Standard              | \$5 No DD           | \$15 No DD | 10%           | \$75  | 10%     | \$50 No DD  | \$150          | \$300          | Embedded        | 10%    | Embedded     | Embedded  | \$900       | \$1,800            | \$200              | \$400             | Integrated        | \$5 / \$20 / 30%                            |
| FRVT-HMO-S3-003-S (2020)                     | HyHMO        | Silver      | Standard              | \$5 No DD           | \$15 No DD | 10%           | \$75  | 10%     | \$50 No DD  | \$200          | \$400          | Embedded        | 10%    | Embedded     | Embedded  | \$900       | \$1,800            | \$200              | \$400             | Integrated        | \$5 / \$20 / 30%                            |
| FRVT-HMO-S3-004-S (2019)                     | HyHMO        | Silver      | Standard              | \$20 No DD          | \$40 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$2,200        | \$4,400        | Embedded        | 40%    | Embedded     | Embedded  | \$4,900     | \$9,800            | \$1,000            | \$2,000           | Integrated        | \$12 / \$60 / 50%, \$200 / \$400 Brand Ded  |
| FRVT-HMO-S3-004-S (2020)                     | HyHMO        | Silver      | Standard              | \$25 No DD          | \$50 No DD | 50%           | \$250 | 50%     | \$100 No DD | \$2,300        | \$4,600        | Embedded        | 50%    | Embedded     | Embedded  | \$5,000     | \$10,000           | \$1,000            | \$2,000           | Integrated        | \$12 / \$60 / 50%, \$250 / \$500 Brand Ded  |
| FRVT-HMOH-S4-001-S (2019)                    | HDHMO        | Silver      | Standard              | 10%                 | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,550        | \$3,100        | Aggregate       | 25%    | Stacked      | Aggregate | \$4,800     | \$9,600*           | \$1,350            | \$2,700           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |
| FRVT-HMOH-S4-001-S (2020)                    | HDHMO        | Silver      | Standard              | Ded then 10%        | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,700        | \$3,400        | Aggregate       | 25%    | Stacked      | Aggregate | \$5,000     | \$10,000*          | \$1,400            | \$2,800           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |
| FRVT-HMOH-S4-002-S (2019)                    | HyHMO        | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,200        | \$2,400        | Aggregate       | 0%     | Aggregate    | Aggregate | \$1,200     | \$2,400            | N/A                | N/A               | N/A               | \$0 / \$0 / 0% Subject to Med Deductible    |
| FRVT-HMOH-S4-002-S (2020)                    | HMO          | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,250        | \$2,500        | Aggregate       | 0%     | Aggregate    | Aggregate | \$1,250     | \$2,500            | N/A                | N/A               | N/A               | \$0 / \$0 / 0% Subject to Med Deductible    |
| FRVT-HMOH-S4-003-S (2019)                    | HyHMO        | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$550          | \$1,100        | Aggregate       | 0%     | Aggregate    | Aggregate | \$550       | \$1,100            | N/A                | N/A               | N/A               | \$0 / \$0 / 0% Subject to Med Deductible    |
| FRVT-HMOH-S4-003-S (2020)                    | HMO          | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$550          | \$1,100        | Aggregate       | 0%     | Aggregate    | Aggregate | \$550       | \$1,100            | N/A                | N/A               | N/A               | \$0 / \$0 / 0% Subject to Med Deductible    |
| FRVT-HMOH-S4-004-S (2019)                    | HDHMO        | Silver      | Standard              | 10%                 | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,350        | \$2,700        | Aggregate       | 25%    | Aggregate    | Aggregate | \$3,300     | \$6,600            | \$1,350            | \$2,700           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |
| FRVT-HMOH-S4-004-S (2020)                    | HDHMO        | Silver      | Standard              | Ded then 10%        | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,450        | \$2,900        | Aggregate       | 25%    | Aggregate    | Aggregate | \$3,400     | \$6,800            | \$1,400            | \$2,800           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |
| FRVT-HMOH-S2-001-N (2019)                    | HDHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$3,750        | \$7,500        | Embedded        | 0%     | Embedded     | Aggregate | \$3,750     | \$7,500            | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-001-N (2020)                    | HDHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$4,400        | \$8,800        | Embedded        | 0%     | Embedded     | Aggregate | \$4,400     | \$8,800            | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-002-S (2019)                    | HyHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,150        | \$2,300        | Embedded        | 0%     | Embedded     | Embedded  | \$1,150     | \$2,300            | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-002-S (2020)                    | HMO          | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,400        | \$2,800        | Embedded        | 0%     | Embedded     | Embedded  | \$1,400     | \$2,800            | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-003-S (2019)                    | HyHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$425          | \$850          | Embedded        | 0%     | Embedded     | Embedded  | \$425       | \$850              | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-003-S (2020)                    | HMO          | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$800          | \$1,600        | Embedded        | 0%     | Embedded     | Embedded  | \$800       | \$1,600            | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-004-S (2019)                    | HDHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$2,800        | \$5,600        | Embedded        | 0%     | Embedded     | Aggregate | \$2,800     | \$5,600            | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-004-S (2020)                    | HMO          | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$3,250        | \$6,500        | Embedded        | 0%     | Embedded     | Aggregate |             |                    |                    |                   |                   |   |

**Exhibit 2 -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Experience Period: January 1, 2018 - December 31, 2018  
Rating Period: January 1, 2020 - December 31, 2020

| Months of Trend | 2019 | 2020 | Total |
|-----------------|------|------|-------|
|                 | 12   | 12   | 24    |

**Medical Trend Summary****2019 Annual Trend**

|                      | % of Allowed Claims | Unit Cost   | Utilization | Total       |
|----------------------|---------------------|-------------|-------------|-------------|
| IP                   | 21.1%               | 5.0%        | 0.0%        | 5.0%        |
| OP                   | 48.2%               | 4.1%        | 0.0%        | 4.1%        |
| PHY                  | 28.9%               | 2.2%        | 0.0%        | 2.2%        |
| OTR                  | 1.8%                | 4.0%        | 0.0%        | 4.0%        |
| <b>Medical Total</b> |                     | <b>3.7%</b> | <b>0.0%</b> | <b>3.7%</b> |

**2020 Annual Trend**

|                      | % of Allowed Claims | Unit Cost   | Utilization | Total       |
|----------------------|---------------------|-------------|-------------|-------------|
| IP                   | 21.4%               | 5.3%        | 0.0%        | 5.3%        |
| OP                   | 48.4%               | 4.3%        | 0.0%        | 4.3%        |
| PHY                  | 28.5%               | 1.3%        | 0.0%        | 1.4%        |
| OTR                  | 1.8%                | 2.0%        | 0.0%        | 2.0%        |
| <b>Medical Total</b> |                     | <b>3.7%</b> | <b>0.0%</b> | <b>3.7%</b> |

Annual Allowed Medical Trend **3.7%**

**Leveraging Impact - Fee-For-Service Medical Claims**

|                            | Allowed-COB | Coinsurance | Copay  | Deductible | Paid*        |
|----------------------------|-------------|-------------|--------|------------|--------------|
| Rating Period:             | \$393.56    | \$10.58     | \$7.36 | \$58.33    | \$317.28     |
| 24 Months of Trend:        | 1.075       | 1.075       | 1.000  | 1.028      | <b>1.085</b> |
| Projection Period:         | \$423.10    | \$11.38     | \$7.36 | \$59.98    | \$344.38     |
| Allowed Trend (Annual)     | 3.7%        |             |        |            |              |
| Paid Trend (Annual)        | 4.2%        |             |        |            |              |
| <b>Leveraging (Annual)</b> | <b>0.5%</b> |             |        |            |              |

**Rx Trend Summary**

|           | 2019 Trend |             | 2020 Trend |             | Annualized Trend |             |
|-----------|------------|-------------|------------|-------------|------------------|-------------|
|           | Unit Cost  | Utilization | Unit Cost  | Utilization | Unit Cost        | Utilization |
| Generic   | 17.8%      | 2.9%        | -5.2%      | 2.5%        | 5.7%             | 2.7%        |
| Brand     | 11.7%      | -8.9%       | 8.6%       | -1.3%       | 10.1%            | -5.2%       |
| Specialty | -0.4%      | 6.0%        | 7.5%       | 7.4%        | 3.5%             | 6.7%        |

**Exhibit 2b -- Rx Trend Development**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| <u>Rx Claim Information</u>               | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 10,457  | 898      | 100        | 11,455    |
| Experience Period Allowed Cost per Script | \$17.09 | \$313.51 | \$4,458.04 | \$79.22   |
| Experience Period Deductible Per Script   | \$3.56  | \$24.20  | \$79.63    | \$5.85    |
| Experience Period Copay Per Script        | \$2.68  | \$10.14  | \$11.96    | \$3.35    |
| Experience Period Coinsurance Per Script  | \$0.98  | \$15.46  | \$31.64    | \$2.38    |
| Experience Period Paid Cost Per Script    | \$9.87  | \$263.72 | \$4,334.81 | \$67.64   |
| Experience Period Allowed PMPM            | \$14.89 | \$23.46  | \$37.27    | \$75.62   |
| Experience Period Deductible PMPM         | \$3.10  | \$1.81   | \$0.67     | \$5.58    |
| Experience Period Copay PMPM              | \$2.34  | \$0.76   | \$0.10     | \$3.20    |
| Experience Period Coinsurance PMPM        | \$0.85  | \$1.16   | \$0.26     | \$2.27    |
| Experience Period Paid PMPM               | \$8.60  | \$19.73  | \$36.24    | \$64.57   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$14.83) |
| Annual Util Trend                         | 1.027   | 0.948    | 1.067      | 1.022     |
| Annual Unit Cost Trend                    | 1.057   | 1.101    | 1.035      | 1.059     |
| Annual Allowed Trend                      | 1.086   | 1.044    | 1.104      | 1.082     |
| Annual Deductible Trend                   | 1.014   | 1.014    | 1.014      | 1.014     |
| Annual Paid Trend                         | 1.116   | 1.055    | 1.105      | 1.091     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1.096     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 11,037  | 807      | 114        | 11,958    |
| Projected Allowed Cost per Script         | \$19.09 | \$380.21 | \$4,774.45 | \$88.88   |
| Projected Deductible Per Script           | \$3.66  | \$24.89  | \$81.87    | \$5.84    |
| Projected Copay Per Script                | \$2.68  | \$10.14  | \$11.96    | \$3.27    |
| Projected Coinsurance Per Script          | \$1.09  | \$18.75  | \$33.89    | \$2.60    |
| Projected Paid Cost Per Script            | \$11.65 | \$326.44 | \$4,646.73 | \$77.16   |
| Projected Allowed PMPM                    | \$17.56 | \$25.57  | \$45.44    | \$88.57   |
| Projected Deductible PMPM                 | \$3.37  | \$1.67   | \$0.78     | \$5.82    |
| Projected Copay PMPM                      | \$2.47  | \$0.68   | \$0.11     | \$3.26    |
| Projected Coinsurance PMPM                | \$1.00  | \$1.26   | \$0.32     | \$2.59    |
| Projected Paid PMPM                       | \$10.72 | \$21.96  | \$44.22    | \$76.89   |
| Projected Rx Rebates                      |         |          |            | (\$17.11) |
| Net Projected Paid PMPM                   |         |          |            | \$59.79   |

**Exhibit 2b -- Rx Trend Development (Small ACA)**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| <u>Rx Claim Information</u>               | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 10,414  | 872      | 97         | 11,383    |
| Experience Period Allowed Cost per Script | \$18.08 | \$309.39 | \$4,573.13 | \$79.18   |
| Experience Period Deductible Per Script   | \$3.84  | \$28.08  | \$77.76    | \$6.33    |
| Experience Period Copay Per Script        | \$3.10  | \$13.57  | \$16.39    | \$4.01    |
| Experience Period Coinsurance Per Script  | \$1.06  | \$12.68  | \$25.88    | \$2.17    |
| Experience Period Paid Cost Per Script    | \$10.07 | \$255.06 | \$4,453.10 | \$66.67   |
| Experience Period Allowed PMPM            | \$15.69 | \$22.49  | \$36.93    | \$75.11   |
| Experience Period Deductible PMPM         | \$3.34  | \$2.04   | \$0.63     | \$6.01    |
| Experience Period Copay PMPM              | \$2.69  | \$0.99   | \$0.13     | \$3.81    |
| Experience Period Coinsurance PMPM        | \$0.92  | \$0.92   | \$0.21     | \$2.05    |
| Experience Period Paid PMPM               | \$8.74  | \$18.54  | \$35.96    | \$63.24   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$14.87) |
| Annual Util Trend                         | 1.027   | 0.948    | 1.067      | 1.022     |
| Annual Unit Cost Trend                    | 1.057   | 1.101    | 1.035      | 1.060     |
| Annual Allowed Trend                      | 1.086   | 1.044    | 1.104      | 1.083     |
| Annual Deductible Trend                   | 1.014   | 1.014    | 1.014      | 1.014     |
| Annual Paid Trend                         | 1.119   | 1.058    | 1.105      | 1.093     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1.104     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 10,992  | 784      | 110        | 11,886    |
| Projected Allowed Cost per Script         | \$20.19 | \$375.20 | \$4,897.71 | \$88.88   |
| Projected Deductible Per Script           | \$3.95  | \$28.86  | \$79.92    | \$6.30    |
| Projected Copay Per Script                | \$3.10  | \$13.57  | \$16.39    | \$3.91    |
| Projected Coinsurance Per Script          | \$1.19  | \$15.38  | \$27.72    | \$2.37    |
| Projected Paid Cost Per Script            | \$11.96 | \$317.40 | \$4,773.68 | \$76.30   |
| Projected Allowed PMPM                    | \$18.50 | \$24.51  | \$45.02    | \$88.03   |
| Projected Deductible PMPM                 | \$3.62  | \$1.89   | \$0.73     | \$6.24    |
| Projected Copay PMPM                      | \$2.84  | \$0.89   | \$0.15     | \$3.87    |
| Projected Coinsurance PMPM                | \$1.09  | \$1.00   | \$0.25     | \$2.35    |
| Projected Paid PMPM                       | \$10.95 | \$20.74  | \$43.88    | \$75.57   |
| Projected Rx Rebates                      |         |          |            | (\$16.63) |
| Net Projected Paid PMPM                   |         |          |            | \$58.94   |

**Exhibit 2b -- Rx Trend Development (Individual ACA)**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| <u>Rx Claim Information</u>               | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 10,617  | 937      | 103        | 11,657    |
| Experience Period Allowed Cost per Script | \$15.80 | \$318.63 | \$4,219.28 | \$77.42   |
| Experience Period Deductible Per Script   | \$2.81  | \$16.55  | \$70.17    | \$4.51    |
| Experience Period Copay Per Script        | \$2.31  | \$6.50   | \$7.88     | \$2.70    |
| Experience Period Coinsurance Per Script  | \$0.93  | \$20.37  | \$42.76    | \$2.86    |
| Experience Period Paid Cost Per Script    | \$9.75  | \$275.21 | \$4,088.47 | \$67.36   |
| Experience Period Allowed PMPM            | \$13.98 | \$24.88  | \$36.35    | \$75.21   |
| Experience Period Deductible PMPM         | \$2.48  | \$1.29   | \$0.60     | \$4.38    |
| Experience Period Copay PMPM              | \$2.04  | \$0.51   | \$0.07     | \$2.62    |
| Experience Period Coinsurance PMPM        | \$0.82  | \$1.59   | \$0.37     | \$2.78    |
| Experience Period Paid PMPM               | \$8.63  | \$21.49  | \$35.31    | \$65.43   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$14.15) |
| Annual Util Trend                         | 1,027   | 0,948    | 1,067      | 1,022     |
| Annual Unit Cost Trend                    | 1,057   | 1,101    | 1,035      | 1,058     |
| Annual Allowed Trend                      | 1,086   | 1,044    | 1,104      | 1,081     |
| Annual Deductible Trend                   | 1,015   | 1,015    | 1,015      | 1,015     |
| Annual Paid Trend                         | 1,111   | 1,051    | 1,105      | 1,088     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1,082     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 11,205  | 842      | 118        | 12,165    |
| Projected Allowed Cost per Script         | \$17.64 | \$386.41 | \$4,518.74 | \$86.73   |
| Projected Deductible Per Script           | \$2.89  | \$17.04  | \$72.23    | \$4.54    |
| Projected Copay Per Script                | \$2.31  | \$6.50   | \$7.88     | \$2.65    |
| Projected Coinsurance Per Script          | \$1.04  | \$24.70  | \$45.79    | \$3.11    |
| Projected Paid Cost Per Script            | \$11.41 | \$338.18 | \$4,392.83 | \$76.42   |
| Projected Allowed PMPM                    | \$16.48 | \$27.12  | \$44.32    | \$87.92   |
| Projected Deductible PMPM                 | \$2.70  | \$1.20   | \$0.71     | \$4.60    |
| Projected Copay PMPM                      | \$2.16  | \$0.46   | \$0.08     | \$2.69    |
| Projected Coinsurance PMPM                | \$0.97  | \$1.73   | \$0.45     | \$3.15    |
| Projected Paid PMPM                       | \$10.65 | \$23.74  | \$43.09    | \$77.47   |
| Projected Rx Rebates                      |         |          |            | (\$17.42) |
| Net Projected Paid PMPM                   |         |          |            | \$60.06   |

**Exhibit 2b -- Rx Trend Development (Small Grandfathered)**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| <u>Rx Claim Information</u>               | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 9,561   | 853      | 113        | 10,527    |
| Experience Period Allowed Cost per Script | \$17.14 | \$313.18 | \$5,224.37 | \$97.04   |
| Experience Period Deductible Per Script   | \$7.32  | \$51.83  | \$173.59   | \$12.71   |
| Experience Period Copay Per Script        | \$1.09  | \$4.47   | \$0.64     | \$1.36    |
| Experience Period Coinsurance Per Script  | \$0.34  | \$1.17   | \$0.00     | \$0.40    |
| Experience Period Paid Cost Per Script    | \$8.39  | \$255.71 | \$5,050.15 | \$82.57   |
| Experience Period Allowed PMPM            | \$13.65 | \$22.26  | \$49.21    | \$85.12   |
| Experience Period Deductible PMPM         | \$5.83  | \$3.68   | \$1.64     | \$11.15   |
| Experience Period Copay PMPM              | \$0.87  | \$0.32   | \$0.01     | \$1.19    |
| Experience Period Coinsurance PMPM        | \$0.27  | \$0.08   | \$0.00     | \$0.35    |
| Experience Period Paid PMPM               | \$6.68  | \$18.18  | \$47.57    | \$72.43   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$20.26) |
| Annual Util Trend                         | 1,027   | 0,948    | 1,067      | 1,022     |
| Annual Unit Cost Trend                    | 1,057   | 1,101    | 1,035      | 1,063     |
| Annual Allowed Trend                      | 1,086   | 1,044    | 1,104      | 1,086     |
| Annual Deductible Trend                   | 1,014   | 1,014    | 1,014      | 1,014     |
| Annual Paid Trend                         | 1,130   | 1,062    | 1,105      | 1,097     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1,135     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 10,091  | 767      | 129        | 10,986    |
| Projected Allowed Cost per Script         | \$19.14 | \$379.80 | \$5,595.17 | \$109.62  |
| Projected Deductible Per Script           | \$7.52  | \$53.29  | \$178.48   | \$12.72   |
| Projected Copay Per Script                | \$1.09  | \$4.47   | \$0.64     | \$1.32    |
| Projected Coinsurance Per Script          | \$0.38  | \$1.42   | \$0.00     | \$0.45    |
| Projected Paid Cost Per Script            | \$10.15 | \$320.62 | \$5,416.06 | \$95.13   |
| Projected Allowed PMPM                    | \$16.09 | \$24.26  | \$60.00    | \$100.36  |
| Projected Deductible PMPM                 | \$6.33  | \$3.40   | \$1.91     | \$11.65   |
| Projected Copay PMPM                      | \$0.92  | \$0.29   | \$0.01     | \$1.21    |
| Projected Coinsurance PMPM                | \$0.32  | \$0.09   | \$0.00     | \$0.41    |
| Projected Paid PMPM                       | \$8.53  | \$20.48  | \$58.08    | \$87.09   |
| Projected Rx Rebates                      |         |          |            | (\$19.90) |
| Net Projected Paid PMPM                   |         |          |            | \$67.20   |

**Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: 1/1/18 - 12/31/18

Completed Through: 3/31/19

|   | ACA<br>Compliant<br>Small Group | ACA<br>Compliant<br>Individual | Small Group<br>Grandfathered | Small Group +<br>Individual<br>Single Risk<br>Pool |
|---|---------------------------------|--------------------------------|------------------------------|--|
| 1 Member Months   | 172,758                         | 130,575                        | 14,969                       | 318,302  |
| 2 FFS Paid Medical Claims   | \$312.58                        | \$322.62                       | \$324.98                     | \$317.28   |
| 3 FFS Paid Pediatric Dental Claims  | \$0.84                          | \$0.84                         | \$0.00                       | \$0.80   |
| 4a Federal CSR Payments   | \$0.00                          | (\$38.95)                      | \$0.00                       | (\$15.98)  |
| 4b State CSR Payments   | \$0.00                          | (\$5.23)                       | \$0.00                       | (\$2.15)   |
| 5 IBNR Factor   | 1.024                           | 1.024                          | 1.024                        | 1.024  |
| 6 FFS Incurred Paid Medical Claims  | \$321.05                        | \$286.08                       | \$332.92                     | \$307.26   |
| 7 FFS Incurred Rx Claims  | \$63.24                         | \$65.43                        | \$72.43                      | \$64.57  |
| 8 Experience Period Rx Rebates  | (\$14.87)                       | (\$14.15)                      | (\$20.26)                    | (\$14.83)  |
| 9 FFS Incurred Rx Claims (Net of Rebates)   | \$48.37                         | \$51.28                        | \$52.17                      | \$49.74  |
| 10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point                       | (\$40.46)                       | (\$32.21)                      | (\$42.23)                    | (\$37.16)  |
| 11 Pooling Charge   | \$41.14                         | \$38.16                        | \$42.88                      | \$40.00  |
| 12 FFS Experience Period Claim Expense After Pooling Adjustment                       | \$370.11                        | \$343.31                       | \$385.75                     | \$359.85   |
| 13 Experience Period Capitation and Non-FFS Medical Costs                             | \$8.80                          | \$8.47                         | \$9.00                       | \$8.67   |
| <b>14 Adjusted Experience Period Claim Expense</b>                                    | <b>\$378.91</b>                 | <b>\$351.78</b>                | <b>\$394.74</b>              | <b>\$368.52</b>                                    |
| <b>Market-Wide Adjustments to Experience Period Claims</b>                            |                                 |                                |                              |  |
| 15 Adjustment for average policy during beginning of policy year                      | \$0.00                          | \$0.00                         | \$0.00                       | \$0.00   |
| 16 Adjustment for pharmacy benefit carve-in   | \$0.31                          | \$0.11                         | \$0.81                       | \$0.25   |
| 17 Adjustment for pediatric dental carve-in to Small Group Grandfathered              | \$0.00                          | \$0.00                         | \$0.84                       | \$0.04   |
| 18 Adjustment for Individual Mandate Repeal   | \$0.00                          | \$0.00                         | \$0.00                       | \$0.00   |
| 19 Adjustment for Association Health Plans  | \$3.74                          | \$3.48                         | \$3.90                       | \$3.64   |
| 20 Adjustment for Leap Year   | \$1.01                          | \$0.94                         | \$1.06                       | \$0.99   |
| 21 Adjustment for National High Cost Reinsurance Pool                                 | \$0.89                          | \$0.82                         | \$0.93                       | \$0.86   |
| <b>22 Experience Period Claim Expense After All Adjustments</b>                       | <b>\$384.87</b>                 | <b>\$357.12</b>                | <b>\$402.28</b>              | <b>\$374.30</b>                                    |
| 23 Annual FFS Medical projection factor   | 1.042                           | 1.042                          | 1.042                        | 1.042  |
| 24 Annual FFS Rx projection factor  | 1.104                           | 1.082                          | 1.135                        | 1.096  |
| 25 Annual FFS Claim trend projection factor   | 1.050                           | 1.048                          | 1.054                        | 1.049  |
| 26 Months of Trend  | 24                              | 24                             | 24                           | 24   |
| 27 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs | \$414.58                        | \$382.91                       | \$437.27                     | \$402.67   |
| 28 Projection Period VT Paid Claim Surcharge + NYS HCRA                               | \$5.18                          | \$4.78                         | \$5.46                       | \$5.03   |
| 29 Projection Period Capitation and Non-FFS Medical Costs                             | \$6.64                          | \$6.64                         | \$6.64                       | \$6.64   |
| <b>30 Paid Index Rate PMPM Prior to Adjustments for Federal Programs</b>              | <b>\$426.39</b>                 | <b>\$394.33</b>                | <b>\$449.37</b>              | <b>\$414.34</b>                                    |
| <b>Federal Reinsurance and Risk Adjustment Programs</b>                               |                                 |                                |                              |  |
| 31 Federal Risk Adjustment Program Impact   | \$62.29                         | \$57.61                        | \$65.65                      | \$60.53  |
| <b>32 Paid Index Rate PMPM After Adjustments for Federal Programs</b>                 | <b>\$488.69</b>                 | <b>\$451.94</b>                | <b>\$515.02</b>              | <b>\$474.87</b>                                    |

|   |
|---|
| <b>Exhibit 4 -- Conversion Factor and Tier Ratios</b> |
|---|

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| Tier | Contract Type     | Subscribers | Members | Avg Contract |             |
|------|-------------------|-------------|---------|--------------|-------------|
|      |                   |             |         | Size         | Load Factor |
| 4    | Single            | 13,734      | 13,737  | 1.000        | 1.000       |
| 4    | Double            | 3,547       | 7,087   | 1.998        | 2.000       |
| 4    | Parent/Child(ren) | 681         | 1,682   | 2.470        | 1.930       |
| 4    | Family            | 2,194       | 8,381   | 3.820        | 2.810       |

Single Conversion Factor 1.091

**Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

**% of Premium Retention Components**

|  |              |
|--|--------------|
| Broker Load                                    | 0.00%        |
| Bad Debt                                       | 0.40%        |
| Contribution to Reserves                       | 1.50%        |
| <b>Total % of Premium Retention Components</b> | <b>1.90%</b> |

**PMPM Retention Components**

|                             |         |
|-----------------------------|---------|
| General Administrative Load | \$42.00 |
|-----------------------------|---------|

**% of Premium Taxes and Assessments**

|   |              |
|---|--------------|
| Premium Tax                                 | 0.00%        |
| VT Vaccine Pilot                            | 0.30%        |
| ACA Insurer Tax                             | 1.00%        |
| <b>Total % of Premium Taxes/Assessments</b> | <b>1.30%</b> |

**% of Paid Claim Taxes and Assessments**

|  |               |
|--|---------------|
| Vermont Paid Claim Surcharge                   | 0.999%        |
| New York State HCRA Surcharge                  | 0.250%        |
| <b>Total % of Paid Claim Taxes/Assessments</b> | <b>1.249%</b> |

**PMPM Taxes and Assessments**

|                                     |               |
|-------------------------------------|---------------|
| HHS Risk Adjustment User Fee        | \$0.17        |
| 18 VSA 9374(h) Billback             | \$1.93        |
| <b>Total PMPM Taxes/Assessments</b> | <b>\$2.10</b> |

|  |
|--|
| <b>Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans</b> |
|--|

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

|  |
|--|
| <b>% of Premium Retention Components</b> |
|--|

|   |             |                         |
|---|-------------|-------------------------|
| 1) Projection Period Federal CSR Dollars      | \$5,946,226 |                         |
| 2) Projection Period Member Months, CSR Plans | 78,168      |                         |
| 3) Projection Period Federal CSR PMPM         | \$76.07     | = 1) / 2)               |
| 4) IBNR Factor                                | 1.024       |                         |
| 5) Federal CSR PMPM with IBNR                 | \$77.93     | = 3) * 4)               |
| 6) Annual Trend Factor                        | 1.014       |                         |
| 7) Months of Trend                            | 24          |                         |
| 8) Trended Federal CSR PMPM                   | \$80.15     | = 5) * 6) ^ [ 7) / 12 ] |

Exhibit 7 -- 2020 Exchange Premium Rates

|   |          |
|---|----------|
| 2020 Adjusted Paid Claim Cost (Exhibit 3, Line 32)          | \$474.87 |
| Benefit Relativity * Induced Demand Reflected in Index Rate | 0.7440   |
| Adjusted Claim Cost for Pricing                             | \$638.29 |

| Coplan                      | Product Type | Metal Level  | Standard/Non-Standard | On/Off Exchange | Federal and State Combined Subsidy | Benefit Actual Value | Induced Utilization Factor* | Net Claim Cost | Bad Debt / CTR (% of Premium) | Administrative Expense (PMPM) | % of Premium Taxes and Assessments | PMPM Taxes and Assessments | Benefits in Excess of EHB's** | CSR Loading | Gross Claim Cost PMPM | Single*** | Double     | Parent/Child(ren) |            | Increase over 2019 Single Rate | Increase over 2019 Double Rate | Increase over 2019 PIC Rate | Increase over 2019 Family Rate |
|-----------------------------|--------------|--------------|-----------------------|-----------------|------------------------------------|----------------------|-----------------------------|----------------|-------------------------------|-------------------------------|------------------------------------|----------------------------|-------------------------------|-------------|-----------------------|-----------|------------|-------------------|------------|--------------------------------|--------------------------------|-----------------------------|--------------------------------|
|                             |              |              |                       |                 |                                    |                      |                             |                |                               |                               |                                    |                            |                               |             |                       |           |            | Family            | Family     |                                |                                |                             |                                |
| FRVT-HMO-P-001-S (2020)     | HyHMO        | Platinum     | Standard              | On Exchange     | Non-Subsidized                     | 0.881                | 1.138                       | \$639.83       | \$13.42                       | \$42.00                       | \$9.19                             | \$2.10                     | \$0.00                        | \$0.00      | \$706.54              | \$770.84  | \$1,541.68 | \$1,487.72        | \$2,166.06 | 7.6%                           | 7.6%                           | 7.6%                        | 7.6%                           |
| FRVT-HMO-G-001-S (2020)     | HyHMO        | Gold         | Standard              | On Exchange     | Non-Subsidized                     | 0.782                | 1.072                       | \$534.61       | \$11.36                       | \$42.00                       | \$9.11                             | \$2.10                     | \$0.00                        | \$0.00      | \$597.85              | \$652.25  | \$1,304.50 | \$1,258.84        | \$1,832.82 | 7.2%                           | 7.2%                           | 7.2%                        | 7.2%                           |
| FRVT-HMO-G-002-N (2020)     | HyHMO        | Gold         | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.876                | 1.133                       | \$633.33       | \$13.31                       | \$42.00                       | \$9.11                             | \$2.10                     | \$0.88                        | \$0.00      | \$700.74              | \$764.51  | \$1,529.02 | \$1,475.50        | \$2,148.27 | 22.6%                          | 22.6%                          | 22.6%                       | 22.6%                          |
| FRVT-HMOH-G-003-N (2020)    | HDHMO        | Gold         | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.769                | 1.066                       | \$523.47       | \$11.16                       | \$42.00                       | \$7.63                             | \$2.10                     | \$0.88                        | \$0.00      | \$587.25              | \$640.69  | \$1,281.38 | \$1,236.53        | \$1,800.34 | 9.7%                           | 9.7%                           | 9.7%                        | 9.7%                           |
| FRVT-HMO-S-003-S (2020)     | HyHMO        | Silver       | Standard              | On Exchange     | Non-Subsidized                     | 0.706                | 1.033                       | \$465.91       | \$11.58                       | \$42.00                       | \$7.93                             | \$2.10                     | \$0.88                        | \$80.15     | \$609.68              | \$665.16  | \$1,330.32 | \$1,283.76        | \$1,869.10 | 4.1%                           | 4.1%                           | 4.1%                        | 4.1%                           |
| FRVT-HMO-S-004-S (2020)     | HDHMO        | Silver       | Standard              | On Exchange     | Non-Subsidized                     | 0.693                | 1.026                       | \$454.15       | \$11.35                       | \$42.00                       | \$7.77                             | \$2.10                     | \$0.88                        | \$0.00      | \$597.53              | \$651.91  | \$1,303.82 | \$1,258.19        | \$1,831.87 | 4.9%                           | 4.9%                           | 4.9%                        | 4.9%                           |
| FRVT-HMOH-S-002-N (2020)    | HDHMO        | Silver       | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.702                | 1.031                       | \$462.20       | \$11.53                       | \$42.00                       | \$7.89                             | \$2.10                     | \$0.88                        | \$80.15     | \$606.75              | \$661.96  | \$1,323.92 | \$1,277.58        | \$1,860.11 | 6.1%                           | 6.1%                           | 6.1%                        | 6.1%                           |
| FRVT-HMO-S-001-N (2020)     | HyHMO        | Silver       | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.673                | 1.021                       | \$438.68       | \$11.07                       | \$42.00                       | \$7.57                             | \$2.10                     | \$0.88                        | \$80.15     | \$582.45              | \$635.45  | \$1,270.90 | \$1,226.42        | \$1,785.61 | 6.3%                           | 6.3%                           | 6.3%                        | 6.3%                           |
| VT-HMO-S-003-S II (2020)    | HyHMO        | Silver       | Standard              | Off Exchange    | Non-Subsidized                     | 0.706                | 1.033                       | \$465.91       | \$10.01                       | \$42.00                       | \$6.85                             | \$2.10                     | \$0.00                        | \$0.00      | \$526.87              | \$574.82  | \$1,149.64 | \$1,109.40        | \$1,615.24 | 7.6%                           | 7.6%                           | 7.6%                        | 7.6%                           |
| FRVT-HMOH-S-004-S II (2020) | HDHMO        | Silver       | Standard              | Off Exchange    | Non-Subsidized                     | 0.693                | 1.026                       | \$454.15       | \$9.78                        | \$42.00                       | \$6.69                             | \$2.10                     | \$0.00                        | \$0.00      | \$514.72              | \$561.56  | \$1,123.12 | \$1,083.81        | \$1,577.98 | 8.6%                           | 8.6%                           | 8.6%                        | 8.6%                           |
| VT-HMOH-S-002-N II (2020)   | HDHMO        | Silver       | Non-Standard          | Off Exchange    | Non-Subsidized                     | 0.702                | 1.028                       | \$460.34       | \$9.92                        | \$42.00                       | \$6.79                             | \$2.10                     | \$0.88                        | \$0.00      | \$522.03              | \$569.53  | \$1,139.06 | \$1,099.19        | \$1,600.38 | 9.7%                           | 9.7%                           | 9.7%                        | 9.7%                           |
| VT-HMO-S-001-N II (2020)    | HyHMO        | Silver       | Non-Standard          | Off Exchange    | Non-Subsidized                     | 0.673                | 1.021                       | \$438.68       | \$9.49                        | \$42.00                       | \$6.50                             | \$2.10                     | \$0.88                        | \$0.00      | \$499.65              | \$545.12  | \$1,090.24 | \$1,052.08        | \$1,531.79 | 10.5%                          | 10.5%                          | 10.5%                       | 10.5%                          |
| FRVT-HMO-B-002-S (2020)     | HMO          | Bronze       | Standard              | On Exchange     | Non-Subsidized                     | 0.582                | 1.000                       | \$371.48       | \$8.16                        | \$42.00                       | \$5.58                             | \$2.10                     | \$0.00                        | \$0.00      | \$429.32              | \$468.39  | \$936.78   | \$903.99          | \$1,316.18 | 9.9%                           | 9.9%                           | 9.9%                        | 9.9%                           |
| FRVT-HMOH-B-003-S (2020)    | HDHMO        | Bronze       | Standard              | On Exchange     | Non-Subsidized                     | 0.601                | 1.000                       | \$383.48       | \$8.39                        | \$42.00                       | \$5.74                             | \$2.10                     | \$0.00                        | \$0.00      | \$441.72              | \$481.92  | \$963.84   | \$930.11          | \$1,354.20 | 10.4%                          | 10.4%                          | 10.4%                       | 10.4%                          |
| FRVT-HMO-B-004-S (2020)     | HMO          | Bronze       | Standard              | On Exchange     | Non-Subsidized                     | 0.661                | 1.017                       | \$429.39       | \$9.29                        | \$42.00                       | \$6.36                             | \$2.10                     | \$0.00                        | \$0.00      | \$489.15              | \$533.66  | \$1,067.32 | \$1,029.96        | \$1,499.58 | 9.9%                           | 9.9%                           | 9.9%                        | 9.9%                           |
| FRVT-HMO-B-005-N (2020)     | HMO          | Bronze       | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.613                | 1.003                       | \$392.26       | \$8.58                        | \$42.00                       | \$5.87                             | \$2.10                     | \$0.88                        | \$0.00      | \$451.69              | \$492.79  | \$985.58   | \$951.08          | \$1,384.74 | 11.7%                          | 11.7%                          | 11.7%                       | 11.7%                          |
| FRVT-HMO-B-001-N (2020)     | HMO          | Bronze       | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.580                | 1.000                       | \$370.40       | \$8.15                        | \$42.00                       | \$5.58                             | \$2.10                     | \$0.88                        | \$0.00      | \$429.11              | \$468.16  | \$936.32   | \$903.55          | \$1,315.53 | 9.3%                           | 9.3%                           | 9.3%                        | 9.3%                           |
| FRVT-HMO-C-001-N (2020)     | HMO          | Catastrophic | Standard              | On Exchange     | Non-Subsidized                     | 0.613                | 0.638                       | \$249.63       | \$5.77                        | \$42.00                       | \$3.94                             | \$2.10                     | \$0.00                        | \$0.00      | \$303.44              | \$331.05  | \$662.10   | \$638.93          | \$930.25   | 10.6%                          | 10.6%                          | 10.6%                       | 10.6%                          |
| FRVT-HMO-S3-001-S (2020)    | HyHMO        | Silver       | Standard              | On Exchange     | Subsidized (73%)                   | 0.706                | 1.033                       | \$465.91       | \$11.58                       | \$42.00                       | \$7.93                             | \$2.10                     | \$0.00                        | \$80.15     | \$609.68              | \$665.16  | \$1,330.32 | \$1,283.76        | \$1,869.10 | 4.1%                           | 4.1%                           | 4.1%                        | 4.1%                           |
| FRVT-HMO-S3-002-S (2020)    | HyHMO        | Silver       | Standard              | On Exchange     | Subsidized (87%)                   | 0.706                | 1.033                       | \$465.91       | \$11.58                       | \$42.00                       | \$7.93                             | \$2.10                     | \$0.00                        | \$80.15     | \$609.68              | \$665.16  | \$1,330.32 | \$1,283.76        | \$1,869.10 | 4.1%                           | 4.1%                           | 4.1%                        | 4.1%                           |
| FRVT-HMO-S3-003-S (2020)    | HyHMO        | Silver       | Standard              | On Exchange     | Subsidized (94%)                   | 0.706                | 1.033                       | \$465.91       | \$11.58                       | \$42.00                       | \$7.93                             | \$2.10                     | \$0.00                        | \$80.15     | \$609.68              | \$665.16  | \$1,330.32 | \$1,283.76        | \$1,869.10 | 4.1%                           | 4.1%                           | 4.1%                        | 4.1%                           |
| FRVT-HMO-S3-004-S (2020)    | HyHMO        | Silver       | Standard              | On Exchange     | Subsidized (77%)                   | 0.706                | 1.033                       | \$465.91       | \$11.58                       | \$42.00                       | \$7.93                             | \$2.10                     | \$0.00                        | \$80.15     | \$609.68              | \$665.16  | \$1,330.32 | \$1,283.76        | \$1,869.10 | 4.1%                           | 4.1%                           | 4.1%                        | 4.1%                           |
| FRVT-HMOH-S4-001-S (2020)   | HDHMO        | Silver       | Standard              | On Exchange     | Subsidized (73%)                   | 0.693                | 1.026                       | \$454.15       | \$11.35                       | \$42.00                       | \$7.77                             | \$2.10                     | \$0.00                        | \$80.15     | \$597.53              | \$651.91  | \$1,303.82 | \$1,258.19        | \$1,831.87 | 4.9%                           | 4.9%                           | 4.9%                        | 4.9%                           |
| FRVT-HMOH-S4-002-S (2020)   | HMO          | Silver       | Standard              | On Exchange     | Subsidized (87%)                   | 0.693                | 1.026                       | \$454.15       | \$11.35                       | \$42.00                       | \$7.77                             | \$2.10                     | \$0.00                        | \$80.15     | \$597.53              | \$651.91  | \$1,303.82 | \$1,258.19        | \$1,831.87 | 4.9%                           | 4.9%                           | 4.9%                        | 4.9%                           |
| FRVT-HMOH-S4-003-S (2020)   | HMO          | Silver       | Standard              | On Exchange     | Subsidized (94%)                   | 0.693                | 1.026                       | \$454.15       | \$11.35                       | \$42.00                       | \$7.77                             | \$2.10                     | \$0.00                        | \$80.15     | \$597.53              | \$651.91  | \$1,303.82 | \$1,258.19        | \$1,831.87 | 4.9%                           | 4.9%                           | 4.9%                        | 4.9%                           |
| FRVT-HMOH-S4-004-S (2020)   | HDHMO        | Silver       | Standard              | On Exchange     | Subsidized (77%)                   | 0.693                | 1.026                       | \$454.15       | \$11.35                       | \$42.00                       | \$7.77                             | \$2.10                     | \$0.00                        | \$80.15     | \$597.53              | \$651.91  | \$1,303.82 | \$1,258.19        | \$1,831.87 | 4.9%                           | 4.9%                           | 4.9%                        | 4.9%                           |
| FRVT-HMOH-S2-001-N (2020)   | HDHMO        | Silver       | Non-Standard          | On Exchange     | Subsidized (73%)                   | 0.702                | 1.031                       | \$462.20       | \$11.53                       | \$42.00                       | \$7.89                             | \$2.10                     | \$0.88                        | \$80.15     | \$606.75              | \$661.96  | \$1,323.92 | \$1,277.58        | \$1,860.11 | 6.1%                           | 6.1%                           | 6.1%                        | 6.1%                           |
| FRVT-HMOH-S2-002-N (2020)   | HMO          | Silver       | Non-Standard          | On Exchange     | Subsidized (87%)                   | 0.702                | 1.031                       | \$462.20       | \$11.53                       | \$42.00                       | \$7.89                             | \$2.10                     | \$0.88                        | \$80.15     | \$606.75              | \$661.96  | \$1,323.92 | \$1,277.58        | \$1,860.11 | 6.1%                           | 6.1%                           | 6.1%                        | 6.1%                           |
| FRVT-HMOH-S2-003-N (2020)   | HMO          | Silver       | Non-Standard          | On Exchange     | Subsidized (94%)                   | 0.702                | 1.031                       | \$462.20       | \$11.53                       | \$42.00                       | \$7.89                             | \$2.10                     | \$0.88                        | \$80.15     | \$606.75              | \$661.96  | \$1,323.92 | \$1,277.58        | \$1,860.11 | 6.1%                           | 6.1%                           | 6.1%                        | 6.1%                           |
| FRVT-HMOH-S2-004-N (2020)   | HMO          | Silver       | Non-Standard          | On Exchange     | Subsidized (77%)                   | 0.702                | 1.031                       | \$462.20       | \$11.53                       | \$42.00                       | \$7.89                             | \$2.10                     | \$0.88                        | \$80.15     | \$606.75              | \$661.96  | \$1,323.92 | \$1,277.58        | \$1,860.11 | 6.1%                           | 6.1%                           | 6.1%                        | 6.1%                           |
| FRVT-HMO-S1-001-N (2020)    | HyHMO        | Silver       | Non-Standard          | On Exchange     | Subsidized (73%)                   | 0.673                | 1.021                       | \$438.68       | \$11.07                       | \$42.00                       | \$7.57                             | \$2.10                     | \$0.88                        | \$80.15     | \$582.45              | \$635.45  | \$1,270.90 | \$1,226.42        | \$1,785.61 | 6.3%                           | 6.3%                           | 6.3%                        | 6.3%                           |
| FRVT-HMO-S1-002-N (2020)    | HyHMO        | Silver       | Non-Standard          | On Exchange     | Subsidized (87%)                   | 0.673                | 1.021                       | \$438.68       | \$11.07                       | \$42.00                       | \$7.57                             | \$2.10                     | \$0.88                        | \$80.15     | \$582.45              | \$635.45  | \$1,270.90 | \$1,226.42        | \$1,785.61 | 6.3%                           | 6.3%                           | 6.3%                        | 6.3%                           |
| FRVT-HMO-S1-003-N (2020)    | HyHMO        | Silver       | Non-Standard          | On Exchange     | Subsidized (94%)                   | 0.673                | 1.021                       | \$438.68       | \$11.07                       | \$42.00                       | \$7.57                             | \$2.10                     | \$0.88                        | \$80.15     | \$582.45              | \$635.45  | \$1,270.90 | \$1,226.42        | \$1,785.61 | 6.3%                           | 6.3%                           | 6.3%                        | 6.3%                           |
| FRVT-HMO-S1-004-N (2020)    | HyHMO        | Silver       | Non-Standard          | On Exchange     | Subsidized (77%)                   | 0.673                | 1.021                       | \$438.68       | \$11.07                       | \$42.00                       | \$7.57                             | \$2.10                     | \$0.88                        | \$80.15     | \$582.45              | \$635.45  | \$1,270.90 | \$1,226.42        | \$1,785.61 | 6.3%                           | 6.3%                           | 6.3%                        | 6.3%                           |
| FRVT-HMO-PA2-001-S (2020)   | HyHMO        | Platinum     | Standard              | On Exchange     | A/AN                               | 0.881                | 1.138                       | \$639.83       | \$13.42                       | \$42.00                       | \$9.19                             | \$2.10                     | \$0.00                        | \$0.00      | \$706.54              | \$770.84  | \$1,541.68 | \$1,487.72        | \$2,166.06 | 7.6%                           | 7.6%                           | 7.6%                        | 7.6%                           |
| FRVT-HMO-GA2-001-S (2020)   | HyHMO        | Gold         | Standard              | On Exchange     | A/AN                               | 0.782                | 1.072                       | \$534.61       | \$11.36                       | \$42.00                       | \$9.11                             | \$2.10                     | \$0.00                        | \$0.00      | \$597.85              | \$652.25  | \$1,304.50 | \$1,258.84        | \$1,832.82 | 7.2%                           | 7.2%                           | 7.2%                        | 7.2%                           |
| FRVT-HMO-GA2-002-N (2020)   | HyHMO        | Gold         | Non-Standard          | On Exchange     | A/AN                               | 0.876                | 1.133                       | \$633.33       | \$13.31                       | \$42.00                       | \$9.11                             | \$2.10                     | \$0.88                        | \$0.00      | \$700.74              | \$764.51  | \$1,529.02 | \$1,475.50        | \$2,148.27 | 22.6%                          | 22.6%                          | 22.6%                       | 22.6%                          |
| FRVT-HMOH-GA2-003-N (2020)  | HDHMO        | Gold         | Non-Standard          | On Exchange     | A/AN                               | 0.769                | 1.066                       | \$523.47       | \$11.16                       | \$42.00                       | \$7.63                             | \$2.10                     | \$0.88                        | \$0.00      | \$587.25              | \$640.69  | \$1,281.38 | \$1,236.53        | \$1,800.34 | 9.7%                           | 9.7%                           | 9.7%                        | 9.7%                           |
| FRVT-HMO-SA2-003-S (2020)   | HyHMO        | Silver       | Standard              | On Exchange     | A/AN                               | 0.706                | 1.033                       | \$465.91       | \$11.58                       | \$42.00                       | \$7.93                             | \$2.10                     | \$0.00                        | \$80.15     | \$609.68              | \$665.16  | \$1,330.32 | \$1,283.76        | \$1,869.10 | 4.1%                           | 4.1%                           | 4.1%                        | 4.1%                           |
| FRVT-HMOH-SA2-004-S (2020)  | HDHMO        | Silver       | Standard              | On Exchange     | A/AN                               | 0.693                | 1.026                       | \$454.15       | \$11.35                       | \$42.00                       | \$7.77                             | \$2.10                     | \$0.00                        | \$80.15     | \$597.53              | \$651.91  | \$1,303.82 | \$1,258.19        | \$1,831.87 | 4.9%                           | 4.9%                           | 4.9%                        | 4.9%                           |
| FRVT-HMOH-SA2-002-N (2020)  | HDHMO        | Silver       | Non-Standard          | On Exchange     | A/AN                               | 0.702                | 1.031                       | \$462.20       | \$11.53                       | \$42.00                       | \$7.89                             | \$2.10                     | \$0.88                        | \$80.15     | \$606.75              | \$661.96  | \$1,323.92 | \$1,277.58        | \$1,860.11 | 6.1%                           | 6.1%                           | 6.1%                        | 6.1%                           |
| FRVT-HMO-SA2-001-N (2020)   | HyHMO        | Silver       | Non-Standard          | On Exchange     | A/AN                               | 0.673                | 1.021                       | \$438.68       | \$11.07                       | \$42.00                       | \$7.57                             | \$2.10                     | \$0.88                        | \$80.15     | \$582.45              | \$635.45  | \$1,270.90 | \$1,226.42        | \$1,785.61 | 6.3%                           | 6.3%                           | 6.3%                        | 6.3%                           |
| FRVT-HMO-BA2-002-S (2020)   | HyHMO        | Bronze       | Standard              | On Exchange     | A/AN                               | 0.582                | 1.000                       | \$371.48       | \$8.16                        | \$42.00                       | \$5.58                             | \$2.10                     | \$0.00                        | \$0.00      | \$429.32              | \$468.39  | \$936.78   | \$903.99          | \$1,316.18 | 9.9%                           | 9.9%                           | 9.9%                        | 9.9%                           |
| FRVT-HMOH-BA2-003-S (2020)  | HDHMO        | Bronze       | Standard              | On Exchange     | A/AN                               | 0.601                | 1.000                       | \$383.48       | \$8.39                        |                               |                                    |                            |                               |             |                       |           |            |                   |            |                                |                                |                             |                                |



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**ACTUARIAL CERTIFICATION  
FEDERAL ACTUARIAL VALUE ADJUSTMENT  
VERMONT EXCHANGE  
*Gold 3 HDHP Plus*  
*Silver 2 HDHP Plus*  
*Silver 2 HDHP Plus II***

MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange as well as Silver metal plans off of the Exchange. One standard plan is offered at the Platinum and Catastrophic metal levels, while standard and non-standard plans are offered at the remaining levels. Standard plans are prescribed by the State of Vermont and are separately certified where necessary. Non-standard plans are filed at the discretion of MVP. MVP offers three non-standard benefit plans, Gold 3 HDHP Plus, Silver 2 HDHP Plus, and Silver 2 HDHP Plus II, with benefit features that don't fit into the parameters of the Federal Actuarial Value Calculator and therefore are being certified herein. The purpose of this memorandum is to document the actuarial analysis and adjusted actuarial values output from the 2020 Federal Actuarial Value calculator exhibiting compliance with the metal level requirements outlined in 45 CFR 156.140(b).

MVP's benefit pricing model is populated with allowed claim utilization from approximately 211,000 covered MVP commercial members. The data reflects claims paid for 2017 incurred dates, paid as of January 31, 2019. MVP combines data from all of its commercial products and states to increase the credibility in the data set. This data set is considered fully credible and appropriate for use as a benefit pricing tool for MVP's fully insured commercial members. The underlying data is appropriate relative to the Vermont Essential Health Benefit Package.

The model uses traditional continuance table logic to value plan deductibles and OOP maximums as well as average utilization per 1,000 and average unit cost per service data for all of the significant services that drive member cost sharing. Specific factor adjustments are included in the methodology to account for family deductible and OOP limits, aggregate deductible types, and the State of Vermont maximum Rx OOP regulation. While reduced copays for 90-day supplies of mail order prescriptions also does not fit into the Federal Actuarial Value calculator, the impact on the Actuarial Value is negligible for all plans and is not reflected in the factors presented. The factor adjustments were derived based on modeling the Net Plan liabilities from this subscriber/member based historical allowed claim data set both with and without these benefit features.

The methodology of MVP's benefit pricing tool is consistent with the methodology underlying the Federal calculator with regard to the following factors: continuance tables that reflect membership enrolled for a full 12 months, out of network costs are not considered in the actuarial values, and the model reflects the anticipated utilization of the standard population buying products at these metal levels without consideration for induced demand.

Pursuant to 45 CFR 156.135(b) one of two permitted alternative methods must be used to determine any final adjusted Federal AV. MVP used the AV Calculator to determine the Federal AV for the plan provisions that fit within the calculator parameters and then calculated an actuarial adjustment factor to apply to the calculator produced AV to account for the plan features that materially deviate from the calculator parameters. The product of the Federal Calculator produced AV times the actuarial adjustment factor is the final Federal AV for the benefit plan. I certify that the adjustments made are appropriate and in accordance with generally accepted actuarial principles and methodologies.

The following 3 benefit features for the Gold 3 HDHP Plus were determined to not fit the Federal Calculator:

- VT secondary Rx OOP max
- Aggregate Family Deductible
- Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus and Silver 2 HDHP II Plus were determined to not fit the Federal Calculator:

- VT secondary Rx OOP max
- Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus 73% and 77% cost-sharing reduction plan were determined to not fit the Federal Calculator:

- VT secondary Rx OOP max
- Safe harbor prescription drug benefits excluded from the plan deductible

The following benefit feature for the Silver 2 HDHP Plus 87% and 94% cost-sharing reduction plans was determined to not fit the Federal Calculator:

- Safe harbor prescription drug benefits excluded from the plan deductible

To determine the adjustment factors, I used MVP's proprietary benefit pricing tool to value the AV for these plans first excluding the above features that don't fit the calculator and a second time with the above benefit changes. The ratio of the two AVs is the actuarial adjustment factor used to modify the Federal Calculator computed AV.

| Plan Description  | MVP determined AV | Federal AV before/after adjustment |
|---|-------------------|------------------------------------|
| Gold 3 HDHP Plus with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit  | 77.10%            | 78.67%                             |
| Gold 3 HDHP Plus including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit | 76.92%            | 78.51%                             |
| Silver 2 HDHP Plus with no secondary Rx OOP max and with no safe harbor drug benefit                                  | 67.84%            | 69.51%                             |
| Silver 2 HDHP Plus including the secondary Rx OOP max and the safe harbor drug benefit                                | 70.24%            | 71.94%                             |
| Silver 2 HDHP Plus 73% CSR with no secondary Rx OOP max and with no safe harbor drug benefit                          | 69.80%            | 70.77%                             |
| Silver 2 HDHP Plus 73% CSR including the secondary Rx OOP max and the safe harbor drug benefit                        | 71.82%            | 72.83%                             |
| Silver 2 HDHP Plus 77% CSR with no secondary Rx OOP max and with no safe harbor drug benefit                          | 74.52%            | 75.52%                             |
| Silver 2 HDHP Plus 77% CSR including the secondary Rx OOP max and the safe harbor drug benefit                        | 75.78%            | 76.81%                             |
| Silver 2 HDHP Plus 87% CSR with no safe harbor drug benefit   | 85.54%            | 86.57%                             |
| Silver 2 HDHP Plus 87% CSR including the safe harbor drug benefit   | 85.79%            | 86.83%                             |
| Silver 2 HDHP Plus 94% CSR with no safe harbor drug benefit   | 92.23%            | 93.57%                             |
| Silver 2 HDHP Plus 94% CSR including the safe harbor drug benefit   | 92.24%            | 93.57%                             |
| Silver 2 HDHP Plus II with no secondary Rx OOP max and with no safe harbor drug benefit                               | 67.75%            | 69.42%                             |
| Silver 2 HDHP Plus II including the secondary Rx OOP max and the safe harbor drug benefit                             | 70.15%            | 71.85%                             |

Actuarial Adjustment factor for Gold 3 Plan:  $0.998 = 76.92\% / 77.10\%$   
Final Federal AV for Gold 3 Plan:  $78.67\% \times 0.998 = 78.51\%$

Actuarial Adjustment factor for Silver 2 Plan:  $1.035 = 70.24\% / 67.84\%$   
Final Federal AV for Silver 2 Plan:  $69.51\% \times 1.035 = 71.94\%$

Actuarial Adjustment factor for Silver 2 73% Plan:  $1.029 = 71.82\% / 69.80\%$   
Final Federal AV for Silver 2 73% Plan:  $70.77\% \times 1.029 = 72.83\%$

Actuarial Adjustment factor for Silver 2 77% Plan:  $1.017 = 75.78\% / 74.52\%$   
Final Federal AV for Silver 2 77% Plan:  $75.52\% \times 1.017 = 76.81\%$

Actuarial Adjustment factor for Silver 2 87% Plan:  $1.003 = 85.79\% / 85.54\%$   
Final Federal AV for Silver 2 87% Plan:  $86.57\% \times 1.003 = 86.83\%$

Actuarial Adjustment factor for Silver 2 94% Plan:  $1.000 = 92.24\% / 92.23\%$   
Final Federal AV for Silver 2 94% Plan:  $93.57\% \times 1.000 = 93.57\%$

Actuarial Adjustment factor for Silver 2 II Plan:  $1.035 = 70.15\% / 67.75\%$   
Final Federal AV for Silver 2 II Plan:  $69.42\% \times 1.035 = 71.85\%$

#### CERTIFICATION

I, Matthew Lombardo, Director of Actuarial Services for MVP Health Care, am a member of the Academy of Actuaries and a Fellow of the Society of Actuaries, and I meet its qualification standards to provide this certification. I have used the 2020 Actuarial Value Calculator to determine the actuarial value for the plan provisions that fit within the calculator and have determined the actuarially appropriate adjustment factors to apply where necessary for the identified plan features that, in my opinion, deviates substantially from the allowable inputs of the Federal calculator. The development of the actuarial value adjustment factor was determined in accordance with generally accepted actuarial principles and practices and conforms with the exception methodology outlined in 45 CFR 156.135 (b)(3).

The final actuarial values reported for each of these benefit plans, those from the Federal Calculator alone, and the adjusted plans, meet the required actuarial values for each respective metal level as outlined in 45 CFR 156.140(b).



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Matthew Lombardo, FSA, MAAA  
Director, Actuarial Services  
MVP Health Care

3/29/2019  
Date

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

[MVP VT Plus] Gold 2

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

|                                       | Tier 1 Plan Benefit Design |            |            |
|---------------------------------------|----------------------------|------------|------------|
|                                       | Medical                    | Drug       | Combined   |
| Deductible (\$)                       | \$0.00                     | \$0.00     |            |
| Coinsurance (%; Insurer's Cost Share) | 100.00%                    | 50.00%     |            |
| MOOP (\$)                             |                            |            |            |
| MOOP if Separate (\$)                 | \$6,050.00                 | \$1,350.00 | \$7,400.00 |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

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| Type of Benefit  | Tier 1                       |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?       | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$250.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$750.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$150.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>     | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$750.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$8.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |                          |
|--|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/> |
| Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):                    | <input type="checkbox"/> |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):           | <input type="checkbox"/> |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): | <input type="checkbox"/> |

Plan Description:

Name: [MVP VT Plus] Gold 2  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$10  
 VBID \$1

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.36%

Metal Tier:

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0898 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

[MVP VT Plus HDHP] Gold 3

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

| Tier 1 Plan Benefit Design            |         |      |            |
|---------------------------------------|---------|------|------------|
|                                       | Medical | Drug | Combined   |
| Deductible (\$)                       |         |      | \$2,700.00 |
| Coinsurance (%; Insurer's Cost Share) |         |      | 100.00%    |
| MOOP (\$)                             |         |      | \$2,700.00 |
| MOOP if Separate (\$)                 |         |      | \$0.00     |

| Tier 2 Plan Benefit Design            |         |      |          |
|---------------------------------------|---------|------|----------|
|                                       | Medical | Drug | Combined |
| Deductible (\$)                       |         |      |          |
| Coinsurance (%; Insurer's Cost Share) |         |      |          |
| MOOP (\$)                             |         |      |          |
| MOOP if Separate (\$)                 |         |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                          | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|---------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       |                          |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/> |
| # Days (1-10):  |                          |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/> |
| # Visits (1-10):  |                          |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10):  |                          |

Plan Description:

Name: [MVP VT Plus HDHP] Gold 3  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.67%      0.998      78.51%

Metal Tier:

Gold      AV Adj      Final AV

Additional Notes:

Calculation Time:

0.207 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

[MVP VT] Reflective Silver 1 II

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

|                                       | Tier 1 Plan Benefit Design |            |            |
|---------------------------------------|----------------------------|------------|------------|
|                                       | Medical                    | Drug       | Combined   |
| Deductible (\$)                       | \$1,500.00                 | \$500.00   |            |
| Coinsurance (%; Insurer's Cost Share) | 50.00%                     | 50.00%     |            |
| MOOP (\$)                             |                            |            |            |
| MOOP if Separate (\$)                 | \$6,500.00                 | \$1,350.00 | \$7,850.00 |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$1,400.00         | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$150.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$1,400.00         | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$300.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |                                     |   |
|--|-------------------------------------|---|
| Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/>            |   |
| Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):                    | <input type="checkbox"/>            |   |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):           | <input type="checkbox"/>            |   |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): | <input checked="" type="checkbox"/> | 3 |

Plan Description:

Name: [MVP VT] Reflective Silver 1 II  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.96% 1 71.96  
 Silver AV Adj Final AV

Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0977 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

[MVP VT Plus] Silver 1 Plus

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

|                                       | Tier 1 Plan Benefit Design |            |            |
|---------------------------------------|----------------------------|------------|------------|
|                                       | Medical                    | Drug       | Combined   |
| Deductible (\$)                       | \$1,500.00                 | \$500.00   |            |
| Coinsurance (%; Insurer's Cost Share) | 50.00%                     | 50.00%     |            |
| MOOP (\$)                             |                            |            |            |
| MOOP if Separate (\$)                 | \$6,500.00                 | \$1,350.00 | \$7,850.00 |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

[Click Here for Important Instructions](#)

| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                              | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|-------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies after deductible?     |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All        | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$1,400.00         | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>            | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$150.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$1,400.00         | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$300.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All        | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |                                     |   |
|--|-------------------------------------|---|
| Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/>            |   |
| Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):                    | <input type="checkbox"/>            |   |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):           | <input type="checkbox"/>            |   |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): | <input checked="" type="checkbox"/> | 3 |

Plan Description:

Name: [MVP VT Plus] Silver 1  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Calculation Successful.

71.96%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.2656 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

[MVP VT Plus] Silver CSR 73

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

|                                       | Tier 1 Plan Benefit Design |            |            |
|---------------------------------------|----------------------------|------------|------------|
|                                       | Medical                    | Drug       | Combined   |
| Deductible (\$)                       | \$1,300.00                 | \$450.00   |            |
| Coinsurance (%; Insurer's Cost Share) | 50.00%                     | 50.00%     |            |
| MOOP (\$)                             |                            |            |            |
| MOOP if Separate (\$)                 | \$5,400.00                 | \$1,350.00 | \$6,750.00 |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

[Click Here for Important Instructions](#)

| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$350.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$1,400.00         | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$150.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$1,400.00         | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$300.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |                                       |
|--|---------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/>              |
| Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):                    | <input type="checkbox"/>              |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):           | <input type="checkbox"/>              |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): | <input checked="" type="checkbox"/> 3 |

Plan Description:

Name: [MVP VT Plus] Silver CSR 73  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.96%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1445 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

[MVP VT PLUS] Silver 1 CSR 77

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

Desired Metal Tier Silver

|                                       | Tier 1 Plan Benefit Design |            |            |
|---------------------------------------|----------------------------|------------|------------|
|                                       | Medical                    | Drug       | Combined   |
| Deductible (\$)                       | \$500.00                   | \$200.00   |            |
| Coinsurance (%; Insurer's Cost Share) | 70.00%                     | 60.00%     |            |
| MOOP (\$)                             |                            |            |            |
| MOOP if Separate (\$)                 | \$5,400.00                 | \$1,350.00 | \$6,750.00 |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                              | Tier 2                          |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|-------------------------------------|---------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies after deductible?     | Copay applies after deductible? |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All        | <input type="checkbox"/> All    |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>        |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>        |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>        |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>        |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>        |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>        |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>        |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>        |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>            | <input type="checkbox"/>        |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>        |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>        |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>        |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$800.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>        |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>        |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All        | <input type="checkbox"/> All    |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>        |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>        |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>        |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>            | <input type="checkbox"/>        |

Options for Additional Benefit Design Limits:

|  |                                     |   |
|--|-------------------------------------|---|
| Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/>            |   |
| Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):                    | <input type="checkbox"/>            |   |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):           | <input type="checkbox"/>            |   |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): | <input checked="" type="checkbox"/> | 3 |

Plan Description:

Name: [MVP VT PLUS] Silver 1 CSR 77  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

77.92%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0898 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

[MVP VT Plus] Silver 1 CSR 87

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

|                                       | Tier 1 Plan Benefit Design |          |            |
|---------------------------------------|----------------------------|----------|------------|
|                                       | Medical                    | Drug     | Combined   |
| Deductible (\$)                       | \$0.00                     | \$0.00   |            |
| Coinsurance (%; Insurer's Cost Share) | 90.00%                     | 60.00%   |            |
| MOOP (\$)                             |                            |          |            |
| MOOP if Separate (\$)                 | \$2,450.00                 | \$600.00 | \$3,050.00 |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                       |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|------------------------------|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?       | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All | <input type="checkbox"/> All            |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$5.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$5.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$7.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>     | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>     | <input type="checkbox"/>                |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input type="checkbox"/>     | <input checked="" type="checkbox"/>     | 20%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |                          |
|--|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/> |
| Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):                    | <input type="checkbox"/> |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):           | <input type="checkbox"/> |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): | <input type="checkbox"/> |

Plan Description:

Name: [MVP VT Plus] Silver 1 CSR 87  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

CSR Level of 87% (150-200% FPL), Calculation Successful.

87.92%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1016 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Platinum

[MVP VT Plus] Silver 1 CSR 94

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

|                                       | Tier 1 Plan Benefit Design |          |            |
|---------------------------------------|----------------------------|----------|------------|
|                                       | Medical                    | Drug     | Combined   |
| Deductible (\$)                       | \$0.00                     | \$0.00   |            |
| Coinsurance (%; Insurer's Cost Share) | 95.00%                     | 95.00%   |            |
| MOOP (\$)                             |                            |          |            |
| MOOP if Separate (\$)                 | \$1,450.00                 | \$350.00 | \$1,800.00 |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                       |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?       | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$25.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$5.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$5.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$25.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$7.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>     | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>     | <input type="checkbox"/>            |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |                          |
|--|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/> |
| Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):                    | <input type="checkbox"/> |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):           | <input type="checkbox"/> |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): | <input type="checkbox"/> |

Plan Description:

Name: [MVP VT Plus] Silver 1 CSR 94  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$5  
 VBID \$1

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.

94.99%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1406 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

[MVP VT Plus] Reflective Silver 2 II HDHP

| HSA/HRA Options   | Tiered Network Option                          |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/>  |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization: |

Desired Metal Tier: Silver

| Tier 1 Plan Benefit Design |      |            |
|----------------------------|------|------------|
| Medical                    | Drug | Combined   |
|                            |      | \$4,775.00 |
|                            |      | 100.00%    |
|                            |      | \$4,775.00 |
|                            |      |            |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                               |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|--------------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Generics   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |

Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       |                          |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/> |
| # Days (1-10):  |                          |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/> |
| # Visits (1-10):  |                          |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10):  |                          |

Plan Description:

Name: [MVP VT Plus] Reflective Silver 2 II HDHP  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

69.42%

1.0350

71.85%

Metal Tier:

Silver

AV Adj

Final AV

Additional Notes:

Calculation Time:

0.457 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

[MVP VT Plus] Silver 2 HDHP

| HSA/HRA Options   | Tiered Network Option                          |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/>  |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization: |

Desired Metal Tier: Silver

| Tier 1 Plan Benefit Design |      |            |
|----------------------------|------|------------|
| Medical                    | Drug | Combined   |
|                            |      | \$4,750.00 |
|                            |      | 100.00%    |
|                            |      | \$4,750.00 |
|                            |      | \$0.00     |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                               |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|--------------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Generics   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |

Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       |                          |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/> |
| # Days (1-10):  |                          |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/> |
| # Visits (1-10):  |                          |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10):  |                          |

Plan Description:

Name: [MVP VT Plus] Silver 2 HDHP  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:  
Metal Tier:

|        |        |          |
|--------|--------|----------|
| 69.51% | 1.0350 | 71.94%   |
| Silver | AV Adj | Final AV |

Additional Notes:

Calculation Time:

0.2109 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

[MVP VT Plus] Silver 2 HDHP CSR 73

| HSA/HRA Options   | Tiered Network Option                          |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/>  |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization: |

Desired Metal Tier: Silver

|                                       | Tier 1 Plan Benefit Design |      |            |
|---------------------------------------|----------------------------|------|------------|
|                                       | Medical                    | Drug | Combined   |
| Deductible (\$)                       |                            |      | \$4,400.00 |
| Coinsurance (%; Insurer's Cost Share) |                            |      | 100.00%    |
| MOOP (\$)                             |                            |      | \$4,400.00 |
| MOOP if Separate (\$)                 |                            |      | \$0.00     |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                          | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|---------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |
|--|
| Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>                     |
| Specialty Rx Coinsurance Maximum:  |
| Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>                  |
| # Days (1-10):   |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>           |
| # Visits (1-10):   |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/> |
| # Copays (1-10):   |

Plan Description:

Name: [MVP VT Plus] Silver 2 HDHP CSR 73  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

70.77%

1.029

72.83%

AV Adj

Final AV

Additional Notes:

Calculation Time:

0.0977 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

[MVP VT Plus] Silver 2 HDHP CSR 77

| HSA/HRA Options   | Tiered Network Option                          |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/>  |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization: |

Desired Metal Tier Silver

|                                       | Tier 1 Plan Benefit Design |      |            |
|---------------------------------------|----------------------------|------|------------|
|                                       | Medical                    | Drug | Combined   |
| Deductible (\$)                       |                            |      | \$3,250.00 |
| Coinsurance (%; Insurer's Cost Share) |                            |      | 100.00%    |
| MOOP (\$)                             |                            |      | \$3,250.00 |
| MOOP if Separate (\$)                 |                            |      | \$0.00     |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                          | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|---------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |
|--|
| Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>                     |
| Specialty Rx Coinsurance Maximum:  |
| Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>                  |
| # Days (1-10):   |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>           |
| # Visits (1-10):   |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/> |
| # Copays (1-10):   |

Plan Description:

Name: [MVP VT Plus] Silver 2 HDHP CSR 77  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Actuarial Value: 75.52% 1.0170 76.81%  
 Metal Tier: AV Adj Final AV

Additional Notes:

Calculation Time: 0.1328 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

[MVP VT Plus] Silver 2 CSR 87

| HSA/HRA Options   | Tiered Network Option                          |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/>  |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization: |

Desired Metal Tier Gold

|                                       | Tier 1 Plan Benefit Design |      |            |
|---------------------------------------|----------------------------|------|------------|
|                                       | Medical                    | Drug | Combined   |
| Deductible (\$)                       |                            |      | \$1,400.00 |
| Coinsurance (%; Insurer's Cost Share) |                            |      | 100.00%    |
| MOOP (\$)                             |                            |      | \$1,400.00 |
| MOOP if Separate (\$)                 |                            |      | \$0.00     |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |
|--|
| Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>                     |
| Specialty Rx Coinsurance Maximum:  |
| Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>                  |
| # Days (1-10):   |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>           |
| # Visits (1-10):   |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/> |
| # Copays (1-10):   |

Plan Description:

Name: [MVP VT Plus] Silver 2 CSR 87  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Actuarial Value: 86.57% 1.003 86.83%  
 Metal Tier: Gold AV Adj Final AV

Additional Notes:

Calculation Time:

0.1016 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

[MVP VT Plus] Silver 2 CSR 94

| HSA/HRA Options   | Tiered Network Option                          |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/>  |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization: |

Desired Metal Tier Platinum

|                                       | Tier 1 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      | \$600.00 |
| Coinsurance (%; Insurer's Cost Share) |                            |      | 100.00%  |
| MOOP (\$)                             |                            |      | \$600.00 |
| MOOP if Separate (\$)                 |                            |      | \$0.00   |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                          | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|---------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All    | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>        | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |
|--|
| Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>                     |
| Specialty Rx Coinsurance Maximum:  |
| Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>                  |
| # Days (1-10):   |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>           |
| # Visits (1-10):   |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/> |
| # Copays (1-10):   |

Plan Description:

Name: [MVP VT Plus] Silver 2 CSR 94  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Actuarial Value: 93.57% 1.0000 93.57%  
 Metal Tier: Platinum AV Adj Final AV

Additional Notes:

Calculation Time:

0.0977 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

[MVP VT Plus] Bronze 1

| HSA/HRA Options                |                          | Tiered Network Option |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Tiered Network Plan?  | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization: |                          |
|                                |                          | 2nd Tier Utilization: |                          |

Desired Metal Tier Bronze

|                                       | Tier 1 Plan Benefit Design |          |          |
|---------------------------------------|----------------------------|----------|----------|
|                                       | Medical                    | Drug     | Combined |
| Deductible (\$)                       | \$7,250.00                 | \$700.00 |          |
| Coinsurance (%; Insurer's Cost Share) | 50.00%                     | 40.00%   |          |
| MOOP (\$)                             | \$8,000.00                 |          |          |
| MOOP if Separate (\$)                 |                            |          |          |

|                                       | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      |          |
| MOOP (\$)                             |                            |      |          |
| MOOP if Separate (\$)                 |                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$19.50            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                          |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?<br>Specialty Rx Coinsurance Maximum:    | <input type="checkbox"/> |
| Set a Maximum Number of Days for Charging an IP Copay?<br># Days (1-10):                    | <input type="checkbox"/> |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?<br># Visits (1-10):           | <input type="checkbox"/> |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?<br># Copays (1-10): | <input type="checkbox"/> |

Plan Description:

**Name:** [MVP VT Plus] Bronze 1  
**Plan HIOS ID:** [Input Plan HIOS ID]  
**Issuer HIOS ID:** [Input Issuer HIOS ID]

Generic \$25.00  
 VBID \$3.00

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2020 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

61.10%

Bronze

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.2578 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

[MVP VT Plus] Bronze 5

| HSA/HRA Options   | Tiered Network Option                          |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/>  |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization: |

Desired Metal Tier Bronze

| Tier 1 Plan Benefit Design            |      |            |
|---------------------------------------|------|------------|
| Medical                               | Drug | Combined   |
| Deductible (\$)                       |      | \$7,600.00 |
| Coinsurance (%; Insurer's Cost Share) |      | 100.00%    |
| MOOP (\$)                             |      | \$7,600.00 |
| MOOP if Separate (\$)                 |      |            |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

[Click Here for Important Instructions](#)

| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MH/SUD)                                  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Speech Therapy   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Occupational and Physical Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$23.00            | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                                   |
|---|-----------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>                                | Specialty Rx Coinsurance Maximum: |
| Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>                             | # Days (1-10):                    |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>                      | # Visits (1-10):                  |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input checked="" type="checkbox"/> | # Copays (1-10): 3                |

Plan Description:

Name: [MVP VT Plus] Bronze 5  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

Generic \$30  
 VBID \$3

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (56% to 65%), Calculation Successful.  
 Actuarial Value: 63.83%  
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1953 seconds





**MVP Health Care -- 2020 Exchange Rate Filing**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

- Exhibit 1 -- Summary of Medical Coplans Offered
- Exhibit 1a -- Comparison of 2019 to 2020 Benefits
- Exhibit 2a -- Pricing Trend Assumptions
- Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index R
- Exhibit 3 -- Index Rate Development
- Exhibit 4 -- Conversion Factor and Tier Ratios
- Exhibit 5 -- Retention Loads and Paid Claim Surcharges
- Exhibit 6 -- Calculation of CSR Defunding Load
- Exhibit 7 -- 2020 Premium Rates

**Exhibit 1 – Summary of Medical Coplans Offered**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Plan  
 For Effective Dates Beginning Between January 1, 2020 - December 31, 2021

| Form ID                    | Product Type | Metal Level  | Standard/Non-Standard | On/Off Exchange | In-Network Benefits |             |               |       |         |             |                |                |                 |          | Pharmacy  |              |             |                    |                    |                   |                   |  |   |
|----------------------------|--------------|--------------|-----------------------|-----------------|---------------------|-------------|---------------|-------|---------|-------------|----------------|----------------|-----------------|----------|-----------|--------------|-------------|--------------------|--------------------|-------------------|-------------------|--|---|
|                            |              |              |                       |                 | PCP                 | SCP         | IP (Med/Surg) | ER    | OP Surg | Amb         | Med Ded Single | Med Ded Family | Deductible Type | Coins.   |           | Med OOP Type | Rx OOP Type | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type   |   |
| FRVT-HMO-P-001-S (2020)    | HyHMO        | Platinum     | Standard              | On Exchange     | \$15 No DD          | \$40 No DD  | 10%           | \$100 | 10%     | \$60 No DD  | \$350          | \$700          | Embedded        | 10%      | Embedded  | Embedded     | \$1,350     | \$2,700            | \$1,350            | \$2,700           | Separate          | \$10/\$50/50%  |   |
| FRVT-HMO-G-001-S (2020)    | HyHMO        | Gold         | Standard              | On Exchange     | \$25 No DD          | \$50 No DD  | 30%           | \$150 | 30%     | \$70 No DD  | \$900          | \$1,800        | Embedded        | 30%      | Embedded  | Embedded     | \$5,000     | \$10,000           | \$1,350            | \$2,700           | Separate          | \$10/\$50/50% \$100/\$200 Brand Ded                                    |   |
| FRVT-HMO-G-002-N (2020)    | HyHMO        | Gold         | Non-Standard          | On Exchange     | \$30                | \$50        | 75000%        | \$250 | 50%     | \$50        | \$0            | \$0            | Embedded        | 20%      | Embedded  | Embedded     | \$6,050     | \$12,100           | \$1,350            | \$2,700           | Separate          | \$10/\$40/50%, VBIID = \$1 #   |   |
| FRVT-HMOH-G-003-N (2020)   | HDHMO        | Gold         | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%    | 0%      | 0%          | \$2,700        | \$5,400        | Aggregate       | 0%       | Aggregate | Aggregate    | \$2,700     | \$5,400            | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                                |   |
| FRVT-HMO-S-003-S (2020)    | HyHMO        | Silver       | Standard              | On Exchange     | \$35 No DD          | \$80 No DD  | 40%           | \$250 | 50%     | \$100 No DD | \$3,200        | \$6,400        | Embedded        | 40%      | Embedded  | Embedded     | \$7,900     | \$15,800           | \$1,350            | \$2,700           | Integrated        | \$15 / \$60 / 50%, \$350/\$700 Brand Ded                               |   |
| FRVT-HMOH-S-004-S (2020)   | HDHMO        | Silver       | Standard              | On Exchange     | 10%                 | 30%         | 30%           | 30%   | 30%     | 30%         | \$1,700        | \$3,400        | Aggregate       | 30%      | Stacked   | Aggregate    | \$6,750     | \$13,500           | \$1,400            | \$2,800           | Integrated        | \$10/\$40/50%  |   |
| FRVT-HMOH-S-002-N (2020)   | HDHMO        | Silver       | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%    | 0%      | 0%          | \$4,750        | \$9,500        | Aggregate       | 0%       | Embedded  | Aggregate    | \$4,750     | \$9,500            | \$1,400            | \$2,800           | Integrated        | 0%/0%/0%   |   |
| FRVT-HMO-S-001-N (2020)    | HyHMO        | Silver       | Non-Standard          | On Exchange     | \$30**              | \$60        | 50%           | \$400 | 50%     | \$100       | \$1,500        | \$3,000        | Embedded        | 50%      | Embedded  | Embedded     | \$6,500     | \$13,000           | \$1,350            | \$2,700           | Separate          | \$500/\$1000 Ded then \$5/50%/50%, VBIID = \$1 #                       |   |
| VT-HMO-S-003-S II (2020)   | HyHMO        | Silver       | Standard              | Off Exchange    | \$35 No DD          | \$80 No DD  | 50%           | \$250 | 50%     | \$105 No DD | \$3,200        | \$6,400        | Embedded        | 50%      | Embedded  | Embedded     | \$7,900     | \$15,800           | \$1,350            | \$2,700           | Integrated        | \$15 / \$60 / 50%, \$350 / \$700 Brand Ded                             |   |
| VT-HMOH-S-004-S II (2020)  | HDHMO        | Silver       | Standard              | Off Exchange    | 10%                 | 30%         | 30%           | 30%   | 30%     | 30%         | \$1,700        | \$3,400        | Aggregate       | 30%      | Stacked   | Aggregate    | \$6,750     | \$13,500           | \$1,350            | \$2,700           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible                            |   |
| VT-HMOH-S-002-N II (2020)  | HDHMO        | Silver       | Non-Standard          | Off Exchange    | 0%                  | 0%          | 0%            | 0%    | 0%      | 0%          | \$4,775        | \$9,550        | Embedded        | 0%       | Embedded  | Aggregate    | \$4,775     | \$9,550            | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                                |   |
| FRVT-HMO-S-001-N II (2020) | HyHMO        | Silver       | Non-Standard          | Off Exchange    | \$30**              | \$60        | 50%           | \$400 | 50%     | \$100       | \$1,500        | \$3,000        | Embedded        | 50%      | Embedded  | Embedded     | \$6,500     | \$13,000           | \$1,350            | \$2,700           | Separate          | \$500 Ded then \$5/50%/50%, VBIID = \$1 #                              |   |
| FRVT-HMO-B-002-S (2020)    | HMO          | Bronze       | Standard              | On Exchange     | \$35                | \$90        | 50%           | 50%   | 50%     | 50%         | \$100          | \$6,000        | \$12,000        | Embedded | 50%       | Embedded     | Embedded    | \$8,150            | \$16,300           | \$1,350           | \$2,700           | Integrated   | \$1000/\$1200 Ded then \$20/\$85/60%            |
| FRVT-HMOH-B-003-S (2020)   | HDHMO        | Bronze       | Standard              | On Exchange     | 50%                 | 50%         | 50%           | 50%   | 50%     | 50%         | \$5,500        | \$11,000       | Aggregate       | 50%      | Stacked   | Aggregate    | \$6,750     | \$13,500           | \$1,400            | \$2,800           | Integrated        | \$1240/60%   |   |
| FRVT-HMO-B-004-S (2020)    | HMO          | Bronze       | Standard              | On Exchange     | \$40 No DD          | \$100 No DD | 0%            | 0%    | 0%      | 0%          | \$7,900        | \$15,800       | Embedded        | 0%       | Embedded  | Embedded     | \$7,900     | \$15,800           | N/A                | N/A               | N/A               | \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBIID = \$3 # |   |
| FRVT-HMO-B-005-N (2020)    | HMO          | Bronze       | Non-Standard          | On Exchange     | 0%**                | 0%          | 0%            | 0%    | 0%      | 0%          | \$7,600        | \$15,200       | Embedded        | 0%       | Embedded  | Embedded     | \$7,600     | \$15,200           | N/A                | N/A               | N/A               | VBIID = \$3 #  |   |
| FRVT-HMO-B-001-N (2020)    | HMO          | Bronze       | Non-Standard          | On Exchange     | \$40                | \$100       | 50%           | 50%   | 50%     | 50%         | \$100          | \$7,250        | \$14,500        | Embedded | 50%       | Embedded     | Embedded    | \$8,000            | \$16,000           | N/A               | N/A               | N/A  | \$25/\$100/60%, \$700/\$1400 Ded, VBIID = \$3 # |
| FRVT-HMO-C-001-N (2020)    | HMO          | Catastrophic | Standard              | On Exchange     | \$0**               | 0%          | 0%            | 0%    | 0%      | 0%          | \$8,150        | \$16,300       | Embedded        | 0%       | Embedded  | Embedded     | \$8,150     | \$16,300           | \$1,350            | \$2,700           | Integrated        | \$0 / \$0 / \$0 Subject to Med Deductible                              |   |

| Subsidized Cost-Sharing Benefits (Non AI/AN) |              |             |                       |                 | In-Network Benefits |            |               |       |         |              |                |                |                 |           | Pharmacy  |              |             |                    |                    |                   |                   |   |   |
|--|--------------|-------------|-----------------------|-----------------|---------------------|------------|---------------|-------|---------|--------------|----------------|----------------|-----------------|-----------|-----------|--------------|-------------|--------------------|--------------------|-------------------|-------------------|---|---|
| Coplan                                       | Product Type | Metal Level | Standard/Non-Standard | On/Off Exchange | PCP                 | SCP        | IP (Med/Surg) | ER    | OP Surg | Amb          | Med Ded Single | Med Ded Family | Deductible Type | Coins.    |           | Med OOP Type | Rx OOP Type | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type                                |   |
| FRVT-HMO-S3-001-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$35 No DD          | \$70 No DD | 50%           | \$250 | 50%     | \$100 No DD  | \$3,100        | \$6,200        | Embedded        | 50%       | Embedded  | Embedded     | \$6,500     | \$13,000           | \$1,200            | \$2,400           | Integrated        | \$12 / \$60 / 50%, \$350 / \$700 Brand Ded  |   |
| FRVT-HMO-S3-002-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$10 No DD          | \$30 No DD | 40%           | \$250 | 40%     | \$100 No DD  | \$900          | \$1,800        | Embedded        | 40%       | Embedded  | Embedded     | \$1,900     | \$3,800            | \$400              | \$800             | Integrated        | \$10 / \$50 / 50%, \$150 / \$300 Brand Ded  |   |
| FRVT-HMO-S3-003-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$5 No DD           | \$15 No DD | 10%           | \$75  | 10%     | \$50 No DD   | \$200          | \$400          | Embedded        | 10%       | Embedded  | Embedded     | \$900       | \$1,800            | \$200              | \$400             | Integrated        | \$5 / \$20 / 30%                            |   |
| FRVT-HMO-S3-004-S (2020)                     | HyHMO        | Silver      | Standard              | On Exchange     | \$25 No DD          | \$45 No DD | 50%           | \$250 | 50%     | \$100 No DD  | \$2,300        | \$4,600        | Embedded        | 50%       | Embedded  | Embedded     | \$5,000     | \$10,000           | \$1,000            | \$2,000           | Integrated        | \$12 / \$60 / 50%, \$200 / \$500 Brand Ded  |   |
| FRVT-HMOH-S4-001-S (2020)                    | HDHMO        | Silver      | Standard              | On Exchange     | Ded then 10%        | 25%        | 25%           | 25%   | 25%     | 25%          | \$1,700        | \$3,400        | Aggregate       | 25%       | Stacked   | Aggregate    | \$5,500     | \$11,000           | \$1,400            | \$2,800           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |   |
| FRVT-HMOH-S4-002-S (2020)                    | HMO          | Silver      | Standard              | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%           | \$0            | \$1,250        | Aggregate       | 0%        | Aggregate | Aggregate    | \$1,250     | \$2,500            | N/A                | N/A               | N/A               | \$0 / \$0 / 0% Subject to Med Deductible    |   |
| FRVT-HMOH-S4-003-S (2020)                    | HMO          | Silver      | Standard              | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%           | \$0            | \$550          | \$1,100         | Aggregate | 0%        | Aggregate    | Aggregate   | \$550              | \$1,100            | N/A               | N/A               | N/A   | \$0 / \$0 / 0% Subject to Med Deductible          |
| FRVT-HMOH-S4-004-S (2020)                    | HDHMO        | Silver      | Standard              | On Exchange     | Ded then 10%        | 25%        | 25%           | 25%   | 25%     | 25%          | \$1,450        | \$2,900        | Aggregate       | 25%       | Aggregate | Aggregate    | \$3,400     | \$6,800            | \$1,400            | \$2,800           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |   |
| FRVT-HMOH-S2-001-N (2020)                    | HDHMO        | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%           | \$4,400        | \$8,800        | Embedded        | 0%        | Embedded  | Aggregate    | \$4,400     | \$8,800            | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible     |   |
| FRVT-HMOH-S2-002-N (2020)                    | HMO          | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%           | \$1,400        | \$2,800        | Embedded        | 0%        | Embedded  | Embedded     | \$1,400     | \$2,800            | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |   |
| FRVT-HMOH-S2-003-N (2020)                    | HMO          | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%           | \$600          | \$1,200        | Embedded        | 0%        | Embedded  | Embedded     | \$600       | \$1,200            | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |   |
| FRVT-HMOH-S2-004-N (2020)                    | HMO          | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%           | \$3,250        | \$6,500        | Embedded        | 0%        | Embedded  | Aggregate    | \$3,250     | \$6,500            | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible     |   |
| FRVT-HMO-S1-001-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$30**              | \$60       | 50%           | \$350 | 50%     | \$100        | \$1,300        | \$2,600        | Embedded        | 50%       | Embedded  | Embedded     | \$5,400     | \$10,800           | \$1,350            | \$2,700           | Separate          | \$450 Ded then \$5/50%/50%, VBIID = \$1 #   |   |
| FRVT-HMO-S1-002-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$5 No DD           | \$30       | 10%           | \$50  | 10%     | \$0          | \$0            | \$0            | Embedded        | 10%       | Embedded  | Embedded     | \$2,450     | \$4,900            | \$600              | \$1,200           | Separate          | \$5 / 20% / 40%, VBIID = \$1 #              |   |
| FRVT-HMO-S1-003-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$5 No DD           | \$10       | 5%            | \$25  | 5%      | \$20 (Phys)  | \$20 (Phys)    | \$0            | Embedded        | 5%        | Embedded  | Embedded     | \$1,450     | \$2,900            | \$350              | \$700             | Separate          | \$5 / 5% / 5%, VBIID = \$1 #                |   |
| FRVT-HMO-S1-004-N (2020)                     | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$10**              | \$40       | 30%           | \$100 | 30%     | \$200 (Phys) | \$100          | \$500          | \$1,000         | Embedded  | 30%       | Embedded     | Embedded    | \$5,400            | \$10,800           | \$1,350           | \$2,700           | Separate                                    | \$5 / 40% / 40%, \$200 / \$400 Ded, VBIID = \$1 # |

| American Indian and Alaskan Native (AI/AN) Benefits (Unsubsidized)* |              |             |                       |                 | In-Network Benefits |             |               |             |         |             |                |                |                 |          | Pharmacy  |              |             |                    |                    |                   |                   |  |   |
|---|--------------|-------------|-----------------------|-----------------|---------------------|-------------|---------------|-------------|---------|-------------|----------------|----------------|-----------------|----------|-----------|--------------|-------------|--------------------|--------------------|-------------------|-------------------|--|---|
| Form ID   | Product Type | Metal Level | Standard/Non-Standard | On/Off Exchange | PCP                 | SCP         | IP (Med/Surg) | ER          | OP Surg | Amb         | Med Ded Single | Med Ded Family | Deductible Type | Coins.   |           | Med OOP Type | Rx OOP Type | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type   |   |
| FRVT-HMO-PA2-001-S (2020)   | HyHMO        | Platinum    | Standard              | On Exchange     | \$15 No DD          | \$40 No DD  | 10%           | \$100       | 10%     | \$60 No DD  | \$350          | \$700          | Embedded        | 10%      | Embedded  | Embedded     | \$1,350     | \$2,700            | \$1,350            | \$2,700           | Separate          | \$10/\$50/50%  |   |
| FRVT-HMO-GA2-001-S (2020)   | HyHMO        | Gold        | Standard              | On Exchange     | \$20 No DD          | \$50 No DD  | 30%           | \$150       | 30%     | \$70 No DD  | \$900          | \$1,800        | Embedded        | 30%      | Embedded  | Embedded     | \$5,000     | \$10,000           | \$1,350            | \$2,700           | Separate          | \$10/\$50/50% \$100/\$200 Brand Ded                                    |   |
| FRVT-HMO-GA2-002-N (2020)   | HyHMO        | Gold        | Non-Standard          | On Exchange     | \$30 No DD          | \$50 No DD  | \$750 No DD   | \$250 No DD | 0%      | 0%          | \$50           | \$0            | Embedded        | 20%      | Embedded  | Embedded     | \$6,050     | \$12,100           | \$1,350            | \$2,700           | Separate          | \$10/\$40/50% No DD, VBIID = \$1 #                                     |   |
| FRVT-HMOH-GA2-003-N (2020)  | HDHMO        | Gold        | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%          | 0%      | 0%          | \$2,700        | \$5,400        | Aggregate       | 0%       | Aggregate | Aggregate    | \$2,700     | \$5,400            | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                                |   |
| FRVT-HMO-SA2-003-S (2020)   | HyHMO        | Silver      | Standard              | On Exchange     | \$35 No DD          | \$80 No DD  | 40%           | \$250       | 50%     | \$100 No DD | \$3,200        | \$6,400        | Embedded        | 40%      | Embedded  | Embedded     | \$7,900     | \$15,800           | \$1,350            | \$2,700           | Integrated        | \$15 / \$60 / 50%, \$350/\$700 Brand Ded                               |   |
| FRVT-HMOH-SA2-004-S (2020)  | HDHMO        | Silver      | Standard              | On Exchange     | 10%                 | 30%         | 30%           | 30%         | 30%     | 30%         | \$1,700        | \$3,400        | Aggregate       | 30%      | Stacked   | Aggregate    | \$6,750     | \$13,500           | \$1,350            | \$2,700           | Integrated        | \$10/\$40/50%  |   |
| FRVT-HMOH-SA2-002-N (2020)  | HDHMO        | Silver      | Non-Standard          | On Exchange     | 0%                  | 0%          | 0%            | 0%          | 0%      | 0%          | \$4,750        | \$9,500        | Aggregate       | 0%       | Embedded  | Aggregate    | \$4,750     | \$9,500            | \$1,350            | \$2,700           | Integrated        | 0%/0%/0%   |   |
| FRVT-HMO-SA2-001-N (2020)   | HyHMO        | Silver      | Non-Standard          | On Exchange     | \$30**              | \$60        | 50%           | \$400       | 50%     | \$100       | \$1,500        | \$3,000        | Embedded        | 50%      | Embedded  | Embedded     | \$6,500     | \$13,000           | \$1,350            | \$2,700           | Separate          | \$500/\$1000 Ded then \$5/50%/50%, VBIID = \$1 #                       |   |
| FRVT-HMO-BA2-002-S (2020)   | HyHMO        | Bronze      | Standard              | On Exchange     | \$35                | \$90        | 50%           | 50%         | 50%     | 50%         | \$100          | \$6,000        | \$12,000        | Embedded | 50%       | Embedded     | Embedded    | \$8,200            | \$16,400           | \$1,350           | \$2,700           | Integrated   | \$1000/\$1200 Ded then \$20/\$85/60%            |
| FRVT-HMOH-BA2-003-S (2020)  | HDHMO        | Bronze      | Standard              | On Exchange     | 50%                 | 50%         | 50%           | 50%         | 50%     | 50%         | \$5,500        | \$11,000       | Aggregate       | 50%      | Stacked   | Aggregate    | \$6,750     | \$13,500           | \$1,350            | \$2,700           | Integrated        | \$1240/60%   |   |
| FRVT-HMO-BA2-004-S (2020)   | HyHMO        | Bronze      | Standard              | On Exchange     | \$40 No DD          | \$100 No DD | 0%            | 0%          | 0%      | 0%          | \$7,900        | \$15,800       | Aggregate       | 0%       | Embedded  | Embedded     | \$7,900     | \$15,800           | N/A                | N/A               | N/A               | \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBIID = \$3 # |   |
| FRVT-HMO-BA2-005-N (2020)   | HyHMO        | Bronze      | Non-Standard          | On Exchange     | 0%**                | 0%          | 0%            | 0%          | 0%      | 0%          | \$7,600        | \$15,200       | Embedded        | 0%       | Embedded  | Embedded     | \$7,600     | \$15,200           | N/A                | N/A               | N/A               | VBIID = \$3 #  |   |
| FRVT-HMO-BA2-001-N (2020)   | HyHMO        | Bronze      | Non-Standard          | On Exchange     | \$40                | \$100       | 50%           | 50%         | 50%     | 50%         | \$100          | \$7,250        | \$14,500        | Embedded | 50%       | Embedded     | Embedded    | \$8,000            | \$16,000           | N/A               | N/A               | N/A  | \$25/\$100/60%, \$700/\$1400 Ded, VBIID = \$3 # |

| American Indian and Alaskan Native (AI/AN) Benefits (Subsidized) |              |             |                       |                 | In-Network Benefits |     |               |    |         |     |                |                |                 |        | Pharmacy |              |             |                    |                    |                   |
|--|--------------|-------------|-----------------------|-----------------|---------------------|-----|---------------|----|---------|-----|----------------|----------------|-----------------|--------|----------|--------------|-------------|--------------------|--------------------|-------------------|
| Coplan   | Product Type | Metal Level | Standard/Non-Standard | On/Off Exchange | PCP                 | SCP | IP (Med/Surg) | ER | OP Surg | Amb | Med Ded Single | Med Ded Family | Deductible Type | Coins. |          | Med OOP Type | Rx OOP Type | Med OOP Max Single | Med OOP Max Family | Rx OOP Max Single |

**Exhibit 1a -- Comparison of 2019 to 2020 Benefits by Plan**  
MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| Form ID                  | Product Type | Metal Level  | Standard/Non-Standard | In-Network Benefits |             |               |       |               |              |                |                |                 |           |              |             |                    | Pharmacy  |                    |                   |                   |  |   |
|--------------------------|--------------|--------------|-----------------------|---------------------|-------------|---------------|-------|---------------|--------------|----------------|----------------|-----------------|-----------|--------------|-------------|--------------------|-----------|--------------------|-------------------|-------------------|--|---|
|                          |              |              |                       | PCP                 | SCP         | IP (Med/Surg) | ER    | OP Surg       | Amb          | Med Ded Single | Med Ded Family | Deductible Type | Coins.    | Med OOP Type | Rx OOP Type | Med OOP Max Single |           | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type   |   |
| FRVT-HMO-P-001-S (2019)  | HyHMO        | Platinum     | Standard              | \$10 No DD          | \$30 No DD  | 10%           | \$100 | 10%           | \$50 No DD   | \$350          | \$700          | Embedded        | 10%       | Embedded     | Embedded    | \$1,350            | \$2,700   | \$1,350            | \$2,700           | Separate          | \$5 / \$50 / 50%   |   |
| FRVT-HMO-P-001-S (2020)  | HyHMO        | Platinum     | Standard              | \$15 No DD          | \$40 No DD  | 10%           | \$100 | 10%           | \$60 No DD   | \$350          | \$700          | Embedded        | 10%       | Embedded     | Embedded    | \$1,350            | \$2,700   | \$1,350            | \$2,700           | Separate          | \$10/\$50/50%  |   |
| FRVT-HMO-G-001-S (2019)  | HyHMO        | Gold         | Standard              | \$20 No DD          | \$50 No DD  | 30%           | \$150 | 30%           | \$50 No DD   | \$850          | \$1,700        | Embedded        | 30%       | Embedded     | Embedded    | \$4,700            | \$9,400   | \$1,350            | \$2,700           | Separate          | \$10 / \$50 / 50%, \$100 / \$200 Brand Ded                           |   |
| FRVT-HMO-G-001-S (2020)  | HyHMO        | Gold         | Standard              | \$20 No DD          | \$50 No DD  | 30%           | \$150 | 30%           | \$70 No DD   | \$800          | \$1,600        | Embedded        | 30%       | Embedded     | Embedded    | \$5,000            | \$10,000  | \$1,350            | \$2,700           | Separate          | \$10/\$50/50%, \$100/\$200 Brand Ded                                 |   |
| FRVT-HMO-G-002-N (2019)  | HyHMO        | Gold         | Non-Standard          | \$15 No DD          | \$40 No DD  | 20%           | \$250 | 20%           | \$50         | \$850          | \$1,700        | Embedded        | 20%       | Embedded     | Embedded    | \$6,050            | \$12,100  | \$1,350            | \$2,700           | Separate          | \$5 / \$40 / 50%, \$225 / \$450 Brand Ded, VBD = \$1 #               |   |
| FRVT-HMO-G-002-N (2020)  | HMO          | Gold         | Non-Standard          | \$30                | \$50        | \$750         | \$250 | \$100 (Phys)  | \$50         | \$0            | \$0            | Embedded        | 20%       | Embedded     | Embedded    | \$6,050            | \$12,100  | \$1,350            | \$2,700           | Separate          | \$10/\$40/50%, VBD = \$1 #   |   |
| FRVT-HMOH-G-003-N (2019) | HDHMO        | Gold         | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%           | \$2,700        | \$5,400        | Aggregate       | 0%        | Aggregate    | Aggregate   | \$2,700            | \$5,400   | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                              |   |
| FRVT-HMOH-G-003-N (2020) | HDHMO        | Gold         | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%           | \$2,700        | \$5,400        | Aggregate       | 0%        | Aggregate    | Aggregate   | \$2,700            | \$5,400   | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                              |   |
| FRVT-HMO-S-003-S (2019)  | HyHMO        | Silver       | Standard              | \$30 No DD          | \$75 No DD  | 40%           | \$250 | 40%           | \$100 No DD  | \$2,800        | \$5,600        | Embedded        | 40%       | Embedded     | Embedded    | \$7,500            | \$15,000  | \$1,350            | \$2,700           | Integrated        | \$15 / \$60 / 50%, \$300 / \$600 Brand Ded                           |   |
| FRVT-HMO-S-003-S (2020)  | HyHMO        | Silver       | Standard              | \$35 No DD          | \$80 No DD  | 40%           | \$250 | 50%           | \$100 No DD  | \$3,200        | \$6,400        | Embedded        | 40%       | Embedded     | Embedded    | \$7,900            | \$15,800  | \$1,350            | \$2,700           | Integrated        | \$15 / \$60 / 50%, \$350/\$700 Brand Ded                             |   |
| FRVT-HMOH-S-004-S (2019) | HDHMO        | Silver       | Standard              | 10%                 | 30%         | 30%           | 30%   | 30%           | 30%          | \$1,550        | \$3,100        | Aggregate       | 30%       | Stacked      | Aggregate   | \$6,650            | \$13,300* | \$1,350            | \$2,700           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible                          |   |
| FRVT-HMOH-S-004-S (2020) | HDHMO        | Silver       | Standard              | 10%                 | 30%         | 30%           | 30%   | 30%           | 30%          | \$1,700        | \$3,400        | Aggregate       | 30%       | Stacked      | Aggregate   | \$6,750            | \$13,500* | \$1,400            | \$2,800           | Integrated        | \$10/\$40/50%  |   |
| FRVT-HMOH-S-002-N (2019) | HDHMO        | Silver       | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%           | \$4,100        | \$8,200        | Embedded        | 0%        | Embedded     | Aggregate   | \$4,100            | \$8,200   | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible                              |   |
| FRVT-HMOH-S-002-N (2020) | HDHMO        | Silver       | Non-Standard          | 0%                  | 0%          | 0%            | 0%    | 0%            | 0%           | \$4,750        | \$9,500        | Embedded        | 0%        | Embedded     | Aggregate   | \$4,750            | \$9,500   | \$1,400            | \$2,800           | Integrated        | 0%/0%/0%   |   |
| FRVT-HMO-S-001-N (2019)  | HyHMO        | Silver       | Non-Standard          | \$30**              | \$60        | 50%           | \$400 | \$1,400 (Fac) | \$600 (Phys) | \$100          | \$1,400        | \$2,800         | Embedded  | 50%          | Embedded    | Embedded           | \$6,050   | \$12,100           | \$1,350           | \$2,700           | Separate   | \$5 / 50% / 50%, \$400 / \$800 Ded, VBD = \$1 #     |
| FRVT-HMO-S-001-N (2020)  | HyHMO        | Silver       | Non-Standard          | \$30**              | \$60        | 50%           | \$400 | \$1,400 (Fac) | \$600 (Phys) | \$100          | \$1,600        | \$3,000         | Embedded  | 50%          | Embedded    | Embedded           | \$6,500   | \$13,000           | \$1,350           | \$2,700           | Separate   | \$500/\$1000 Ded then \$5/50%/50%, VBD = \$1 #      |
| FRVT-HMO-B-002-S (2019)  | HMO          | Bronze       | Standard              | \$35                | \$90        | 50%           | 50%   | 50%           | 50%          | \$100          | \$5,500        | \$11,000        | Embedded  | 50%          | Embedded    | Embedded           | \$7,900   | \$15,800           | \$1,350           | \$2,700           | Integrated   | \$20 / \$85 / 60%, \$900 / \$1,800 Ded              |
| FRVT-HMO-B-002-S (2020)  | HMO          | Bronze       | Standard              | \$35                | \$90        | 50%           | 50%   | 50%           | 50%          | \$100          | \$6,000        | \$12,000        | Embedded  | 50%          | Embedded    | Embedded           | \$8,150   | \$16,300           | \$1,350           | \$2,700           | Integrated   | \$1000/\$200 Ded then \$20/\$85/60%                 |
| FRVT-HMOH-B-003-S (2019) | HDHMO        | Bronze       | Standard              | 50%                 | 50%         | 50%           | 50%   | 50%           | 50%          | \$5,250        | \$10,500       | Aggregate       | 50%       | Stacked      | Aggregate   | \$6,650            | \$13,300* | \$1,350            | \$2,700           | Integrated        | \$12 / 40% / 60% Subject to Med Deductible                           |   |
| FRVT-HMOH-B-003-S (2020) | HDHMO        | Bronze       | Standard              | 50%                 | 50%         | 50%           | 50%   | 50%           | 50%          | \$5,500        | \$11,000       | Aggregate       | 50%       | Stacked      | Aggregate   | \$6,750            | \$13,500* | \$1,400            | \$2,800           | Integrated        | \$12/40%/60%   |   |
| FRVT-HMO-B-004-S (2019)  | HyHMO        | Bronze       | Standard              | \$40 No DD          | \$100 No DD | 0%            | 0%    | 0%            | 0%           | \$7,600        | \$15,200       | Embedded        | 0%        | Embedded     | Embedded    | \$7,600            | \$15,200  | N/A                | N/A               | N/A               | \$25 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible              |   |
| FRVT-HMO-B-004-S (2020)  | HMO          | Bronze       | Standard              | \$40 No DD          | \$100 No DD | 0%            | 0%    | 0%            | 0%           | \$7,900        | \$15,800       | Embedded        | 0%        | Embedded     | Embedded    | \$7,900            | \$15,800  | N/A                | N/A               | N/A               | \$25 No DD/0%/0%   |   |
| FRVT-HMO-B-005-N (2019)  | HyHMO        | Bronze       | Non-Standard          | 0%**                | 0%          | 0%            | 0%    | 0%            | 0%           | \$7,600        | \$15,200       | Embedded        | 0%        | Embedded     | Embedded    | \$7,600            | \$15,200  | N/A                | N/A               | N/A               | \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBD = \$3 # |   |
| FRVT-HMO-B-005-N (2020)  | HMO          | Bronze       | Non-Standard          | 0%**                | 0%          | 0%            | 0%    | 0%            | 0%           | \$7,600        | \$15,200       | Embedded        | 0%        | Embedded     | Embedded    | \$7,600            | \$15,200  | N/A                | N/A               | N/A               | \$30 / \$0 / \$0, Tiers 2 & 3 Subject to Med Deductible, VBD = \$3 # |   |
| FRVT-HMO-B-001-N (2019)  | HyHMO        | Bronze       | Non-Standard          | \$40                | \$100       | 50%           | 50%   | 50%           | 50%          | \$100          | \$6,750        | \$13,500        | Aggregate | 50%          | Embedded    | Embedded           | \$7,900   | \$15,800           | \$1,350           | \$2,700           | Integrated   | \$20 / \$90 / 60%, \$550 / \$1,100 Ded, VBD = \$3 # |
| FRVT-HMO-B-001-N (2020)  | HMO          | Bronze       | Non-Standard          | \$40                | \$100       | 50%           | 50%   | 50%           | 50%          | \$100          | \$7,250        | \$14,500        | Aggregate | 50%          | Embedded    | Embedded           | \$8,000   | \$16,000           | N/A               | N/A               | N/A  | \$25/\$100/60%, \$700/\$1400 Ded, VBD = \$3 #       |
| FRVT-HMO-C-001-N (2019)  | HMO          | Catastrophic | Standard              | \$0**               | \$0         | 0%            | 0%    | 0%            | 0%           | \$0            | \$7,900        | \$15,800        | Embedded  | 0%           | Embedded    | Embedded           | \$7,900   | \$15,800           | \$1,350           | \$2,700           | Integrated   | \$0 / \$0 / \$0 Subject to Med Deductible           |
| FRVT-HMO-C-001-N (2020)  | HMO          | Catastrophic | Standard              | \$0**               | \$0         | 0%            | 0%    | 0%            | 0%           | \$0            | \$8,150        | \$16,300        | Embedded  | 0%           | Embedded    | Embedded           | \$8,150   | \$16,300           | \$1,350           | \$2,700           | Integrated   | \$0 / \$0 / \$0 Subject to Med Deductible           |

| Subsidized Cost-Sharing Benefits (Non AI/AN) |              |             |                       | In-Network Benefits |            |               |       |         |             |                |                |                 |        |              |             |                    | Pharmacy  |                    |                   |                   |   |
|--|--------------|-------------|-----------------------|---------------------|------------|---------------|-------|---------|-------------|----------------|----------------|-----------------|--------|--------------|-------------|--------------------|-----------|--------------------|-------------------|-------------------|---|
| Coplan                                       | Product Type | Metal Level | Standard/Non-Standard | PCP                 | SCP        | IP (Med/Surg) | ER    | OP Surg | Amb         | Med Ded Single | Med Ded Family | Deductible Type | Coins. | Med OOP Type | Rx OOP Type | Med OOP Max Single |           | Med OOP Max Family | Rx OOP Max Single | Rx OOP Max Family | OOP Max Type                                |
| FRVT-HMO-S3-001-S (2019)                     | HyHMO        | Silver      | Standard              | \$30 No DD          | \$65 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$2,700        | \$5,400        | Embedded        | 40%    | Embedded     | Embedded    | \$6,300            | \$12,600  | \$1,200            | \$2,400           | Integrated        | \$12 / \$60 / 50%, \$300 / \$600 Brand Ded  |
| FRVT-HMO-S3-001-S (2020)                     | HyHMO        | Silver      | Standard              | \$35 No DD          | \$70 No DD | 50%           | \$250 | 50%     | \$100 No DD | \$3,100        | \$6,200        | Embedded        | 50%    | Embedded     | Embedded    | \$6,500            | \$13,000  | \$1,200            | \$2,400           | Integrated        | \$12 / \$60 / 50%, \$350 / \$700 Brand Ded  |
| FRVT-HMO-S3-002-S (2019)                     | HyHMO        | Silver      | Standard              | \$10 No DD          | \$30 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$800          | \$1,600        | Embedded        | 40%    | Embedded     | Embedded    | \$1,800            | \$3,600   | \$400              | \$800             | Integrated        | \$10 / \$50 / 50%, \$150 / \$300 Brand Ded  |
| FRVT-HMO-S3-002-S (2020)                     | HyHMO        | Silver      | Standard              | \$10 No DD          | \$30 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$900          | \$1,800        | Embedded        | 40%    | Embedded     | Embedded    | \$1,900            | \$3,800   | \$400              | \$800             | Integrated        | \$10 / \$50 / 50%, \$150 / \$300 Brand Ded  |
| FRVT-HMO-S3-003-S (2019)                     | HyHMO        | Silver      | Standard              | \$5 No DD           | \$15 No DD | 10%           | \$75  | 10%     | \$50 No DD  | \$150          | \$300          | Embedded        | 10%    | Embedded     | Embedded    | \$900              | \$1,800   | \$200              | \$400             | Integrated        | \$5 / \$20 / 30%                            |
| FRVT-HMO-S3-003-S (2020)                     | HyHMO        | Silver      | Standard              | \$5 No DD           | \$15 No DD | 10%           | \$75  | 10%     | \$50 No DD  | \$200          | \$400          | Embedded        | 10%    | Embedded     | Embedded    | \$900              | \$1,800   | \$200              | \$400             | Integrated        | \$5 / \$20 / 30%                            |
| FRVT-HMO-S3-004-S (2019)                     | HyHMO        | Silver      | Standard              | \$20 No DD          | \$40 No DD | 40%           | \$250 | 40%     | \$100 No DD | \$2,200        | \$4,400        | Embedded        | 40%    | Embedded     | Embedded    | \$4,900            | \$9,800   | \$1,000            | \$2,000           | Integrated        | \$12 / \$60 / 50%, \$200 / \$400 Brand Ded  |
| FRVT-HMO-S3-004-S (2020)                     | HyHMO        | Silver      | Standard              | \$25 No DD          | \$50 No DD | 50%           | \$250 | 50%     | \$100 No DD | \$2,300        | \$4,600        | Embedded        | 50%    | Embedded     | Embedded    | \$5,000            | \$10,000  | \$1,000            | \$2,000           | Integrated        | \$12 / \$60 / 50%, \$250 / \$500 Brand Ded  |
| FRVT-HMOH-S4-001-S (2019)                    | HDHMO        | Silver      | Standard              | 10%                 | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,550        | \$3,100        | Aggregate       | 25%    | Stacked      | Aggregate   | \$4,800            | \$9,600*  | \$1,350            | \$2,700           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |
| FRVT-HMOH-S4-001-S (2020)                    | HDHMO        | Silver      | Standard              | Ded then 10%        | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,700        | \$3,400        | Aggregate       | 25%    | Stacked      | Aggregate   | \$5,000            | \$10,000* | \$1,400            | \$2,800           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |
| FRVT-HMOH-S4-002-S (2019)                    | HyHMO        | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,200        | \$2,400        | Aggregate       | 0%     | Aggregate    | Aggregate   | \$1,200            | \$2,400   | N/A                | N/A               | N/A               | \$0 / \$0 / 0% Subject to Med Deductible    |
| FRVT-HMOH-S4-002-S (2020)                    | HMO          | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,250        | \$2,500        | Aggregate       | 0%     | Aggregate    | Aggregate   | \$1,250            | \$2,500   | N/A                | N/A               | N/A               | \$0 / \$0 / 0% Subject to Med Deductible    |
| FRVT-HMOH-S4-003-S (2019)                    | HyHMO        | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$550          | \$1,100        | Aggregate       | 0%     | Aggregate    | Aggregate   | \$550              | \$1,100   | N/A                | N/A               | N/A               | \$0 / \$0 / 0% Subject to Med Deductible    |
| FRVT-HMOH-S4-003-S (2020)                    | HMO          | Silver      | Standard              | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$550          | \$1,100        | Aggregate       | 0%     | Aggregate    | Aggregate   | \$550              | \$1,100   | N/A                | N/A               | N/A               | \$0 / \$0 / 0% Subject to Med Deductible    |
| FRVT-HMOH-S4-004-S (2019)                    | HDHMO        | Silver      | Standard              | 10%                 | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,350        | \$2,700        | Aggregate       | 25%    | Aggregate    | Aggregate   | \$3,300            | \$6,600   | \$1,350            | \$2,700           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |
| FRVT-HMOH-S4-004-S (2020)                    | HDHMO        | Silver      | Standard              | Ded then 10%        | 25%        | 25%           | 25%   | 25%     | 25%         | \$1,450        | \$2,900        | Aggregate       | 25%    | Aggregate    | Aggregate   | \$3,400            | \$6,800   | \$1,400            | \$2,800           | Integrated        | \$10 / \$40 / 50% Subject to Med Deductible |
| FRVT-HMOH-S2-001-N (2019)                    | HDHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$3,750        | \$7,500        | Embedded        | 0%     | Embedded     | Aggregate   | \$3,750            | \$7,500   | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-001-N (2020)                    | HDHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$4,400        | \$8,800        | Embedded        | 0%     | Embedded     | Aggregate   | \$4,400            | \$8,800   | \$1,400            | \$2,800           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-002-S (2019)                    | HyHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,150        | \$2,300        | Embedded        | 0%     | Embedded     | Embedded    | \$1,150            | \$2,300   | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-002-S (2020)                    | HMO          | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$1,400        | \$2,800        | Embedded        | 0%     | Embedded     | Embedded    | \$1,400            | \$2,800   | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-003-S (2019)                    | HyHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$425          | \$850          | Embedded        | 0%     | Embedded     | Embedded    | \$425              | \$850     | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-003-S (2020)                    | HMO          | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$800          | \$1,600        | Embedded        | 0%     | Embedded     | Embedded    | \$800              | \$1,600   | N/A                | N/A               | N/A               | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-004-S (2019)                    | HDHMO        | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$2,800        | \$5,600        | Embedded        | 0%     | Embedded     | Aggregate   | \$2,800            | \$5,600   | \$1,350            | \$2,700           | Integrated        | 0% / 0% / 0%, Subject to Med Deductible     |
| FRVT-HMOH-S2-004-S (2020)                    | HMO          | Silver      | Non-Standard          | 0%                  | 0%         | 0%            | 0%    | 0%      | 0%          | \$3,250        | \$6,500        | Embedded        | 0%     | Embedded     | Aggregate   |                    |           |                    |                   |                   |   |

**Exhibit 2 -- Pricing Trend Assumptions**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

Experience Period: January 1, 2018 - December 31, 2018  
Rating Period: January 1, 2020 - December 31, 2020

| Months of Trend | 2019 | 2020 | Total |
|-----------------|------|------|-------|
|                 | 12   | 12   | 24    |

**Medical Trend Summary****2019 Annual Trend**

|                      | % of Allowed Claims | Unit Cost   | Utilization | Total       |
|----------------------|---------------------|-------------|-------------|-------------|
| IP                   | 21.1%               | 5.8%        | 0.0%        | 5.8%        |
| OP                   | 48.2%               | 4.8%        | 0.0%        | 4.8%        |
| PHY                  | 28.9%               | 2.2%        | 0.0%        | 2.2%        |
| OTR                  | 1.8%                | 4.0%        | 0.0%        | 4.0%        |
| <b>Medical Total</b> |                     | <b>4.3%</b> | <b>0.0%</b> | <b>4.3%</b> |

**2020 Annual Trend**

|                      | % of Allowed Claims | Unit Cost   | Utilization | Total       |
|----------------------|---------------------|-------------|-------------|-------------|
| IP                   | 21.4%               | 6.1%        | 0.0%        | 6.1%        |
| OP                   | 48.4%               | 5.0%        | 0.0%        | 5.0%        |
| PHY                  | 28.3%               | 1.4%        | 0.0%        | 1.4%        |
| OTR                  | 1.8%                | 2.0%        | 0.0%        | 2.0%        |
| <b>Medical Total</b> |                     | <b>4.2%</b> | <b>0.0%</b> | <b>4.2%</b> |

Annual Allowed Medical Trend **4.2%**

**Leveraging Impact - Fee-For-Service Medical Claims**

|                            | Allowed-COB | Coinsurance | Copay  | Deductible | Paid*        |
|----------------------------|-------------|-------------|--------|------------|--------------|
| #REF!                      | \$393.56    | \$10.58     | \$7.36 | \$58.33    | \$317.28     |
| 24 Months of Trend:        | 1.086       | 1.086       | 1.000  | 1.032      | <b>1.098</b> |
| Projection Period:         | \$427.39    | \$11.49     | \$7.36 | \$60.21    | \$348.33     |
| Allowed Trend (Annual)     | 4.2%        |             |        |            |              |
| Paid Trend (Annual)        | 4.8%        |             |        |            |              |
| <b>Leveraging (Annual)</b> | <b>0.5%</b> |             |        |            |              |

**Rx Trend Summary**

|           | 2019 Trend |             | 2020 Trend |             | Annualized Trend |             |
|-----------|------------|-------------|------------|-------------|------------------|-------------|
|           | Unit Cost  | Utilization | Unit Cost  | Utilization | Unit Cost        | Utilization |
| Generic   | 17.8%      | 2.9%        | -5.2%      | 2.5%        | 5.7%             | 2.7%        |
| Brand     | 11.7%      | -8.9%       | 8.6%       | -1.3%       | 10.1%            | -5.2%       |
| Specialty | -0.4%      | 6.0%        | 7.5%       | 7.4%        | 3.5%             | 6.7%        |

**Exhibit 2b -- Rx Trend Development**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| <u>Rx Claim Information</u>               | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 10,457  | 898      | 100        | 11,455    |
| Experience Period Allowed Cost per Script | \$17.09 | \$313.51 | \$4,458.04 | \$79.22   |
| Experience Period Deductible Per Script   | \$3.56  | \$24.20  | \$79.63    | \$5.85    |
| Experience Period Copay Per Script        | \$2.68  | \$10.14  | \$11.96    | \$3.35    |
| Experience Period Coinsurance Per Script  | \$0.98  | \$15.46  | \$31.64    | \$2.38    |
| Experience Period Paid Cost Per Script    | \$9.87  | \$263.72 | \$4,334.81 | \$67.64   |
| Experience Period Allowed PMPM            | \$14.89 | \$23.46  | \$37.27    | \$75.62   |
| Experience Period Deductible PMPM         | \$3.10  | \$1.81   | \$0.67     | \$5.58    |
| Experience Period Copay PMPM              | \$2.34  | \$0.76   | \$0.10     | \$3.20    |
| Experience Period Coinsurance PMPM        | \$0.85  | \$1.16   | \$0.26     | \$2.27    |
| Experience Period Paid PMPM               | \$8.60  | \$19.73  | \$36.24    | \$64.57   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$14.83) |
| Annual Util Trend                         | 1,027   | 0,948    | 1,067      | 1,022     |
| Annual Unit Cost Trend                    | 1,057   | 1,101    | 1,035      | 1,059     |
| Annual Allowed Trend                      | 1,086   | 1,044    | 1,104      | 1,082     |
| Annual Deductible Trend                   | 1,016   | 1,016    | 1,016      | 1,016     |
| Annual Paid Trend                         | 1,116   | 1,055    | 1,105      | 1,091     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1,096     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 11,037  | 807      | 114        | 11,958    |
| Projected Allowed Cost per Script         | \$19.09 | \$380.21 | \$4,774.45 | \$88.88   |
| Projected Deductible Per Script           | \$3.68  | \$24.98  | \$82.19    | \$5.86    |
| Projected Copay Per Script                | \$2.68  | \$10.14  | \$11.96    | \$3.27    |
| Projected Coinsurance Per Script          | \$1.09  | \$18.75  | \$33.89    | \$2.60    |
| Projected Paid Cost Per Script            | \$11.64 | \$326.34 | \$4,646.41 | \$77.14   |
| Projected Allowed PMPM                    | \$17.56 | \$25.57  | \$45.44    | \$88.57   |
| Projected Deductible PMPM                 | \$3.38  | \$1.68   | \$0.78     | \$5.84    |
| Projected Copay PMPM                      | \$2.47  | \$0.68   | \$0.11     | \$3.26    |
| Projected Coinsurance PMPM                | \$1.00  | \$1.26   | \$0.32     | \$2.59    |
| Projected Paid PMPM                       | \$10.70 | \$21.95  | \$44.22    | \$76.87   |
| Projected Rx Rebates                      |         |          |            | (\$17.11) |
| Net Projected Paid PMPM                   |         |          |            | \$59.77   |

**Exhibit 2b -- Rx Trend Development (Small ACA)**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| <u>Rx Claim Information</u>               | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 10,414  | 872      | 97         | 11,383    |
| Experience Period Allowed Cost per Script | \$18.08 | \$309.39 | \$4,573.13 | \$79.18   |
| Experience Period Deductible Per Script   | \$3.84  | \$28.08  | \$77.76    | \$6.33    |
| Experience Period Copay Per Script        | \$3.10  | \$13.57  | \$16.39    | \$4.01    |
| Experience Period Coinsurance Per Script  | \$1.06  | \$12.68  | \$25.88    | \$2.17    |
| Experience Period Paid Cost Per Script    | \$10.07 | \$255.06 | \$4,453.10 | \$66.67   |
| Experience Period Allowed PMPM            | \$15.69 | \$22.49  | \$36.93    | \$75.11   |
| Experience Period Deductible PMPM         | \$3.34  | \$2.04   | \$0.63     | \$6.01    |
| Experience Period Copay PMPM              | \$2.69  | \$0.99   | \$0.13     | \$3.81    |
| Experience Period Coinsurance PMPM        | \$0.92  | \$0.92   | \$0.21     | \$2.05    |
| Experience Period Paid PMPM               | \$8.74  | \$18.54  | \$35.96    | \$63.24   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$14.87) |
| Annual Util Trend                         | 1,027   | 0,948    | 1,067      | 1,022     |
| Annual Unit Cost Trend                    | 1,057   | 1,101    | 1,035      | 1,060     |
| Annual Allowed Trend                      | 1,086   | 1,044    | 1,104      | 1,083     |
| Annual Deductible Trend                   | 1,016   | 1,016    | 1,016      | 1,016     |
| Annual Paid Trend                         | 1,119   | 1,057    | 1,105      | 1,093     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1,104     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 10,992  | 784      | 110        | 11,886    |
| Projected Allowed Cost per Script         | \$20.19 | \$375.20 | \$4,897.71 | \$88.88   |
| Projected Deductible Per Script           | \$3.97  | \$28.97  | \$80.23    | \$6.32    |
| Projected Copay Per Script                | \$3.10  | \$13.57  | \$16.39    | \$3.91    |
| Projected Coinsurance Per Script          | \$1.19  | \$15.38  | \$27.72    | \$2.37    |
| Projected Paid Cost Per Script            | \$11.94 | \$317.29 | \$4,773.38 | \$76.27   |
| Projected Allowed PMPM                    | \$18.50 | \$24.51  | \$45.02    | \$88.03   |
| Projected Deductible PMPM                 | \$3.63  | \$1.89   | \$0.74     | \$6.26    |
| Projected Copay PMPM                      | \$2.84  | \$0.89   | \$0.15     | \$3.87    |
| Projected Coinsurance PMPM                | \$1.09  | \$1.00   | \$0.25     | \$2.35    |
| Projected Paid PMPM                       | \$10.94 | \$20.73  | \$43.88    | \$75.55   |
| Projected Rx Rebates                      |         |          |            | (\$16.63) |
| Net Projected Paid PMPM                   |         |          |            | \$58.92   |

**Exhibit 2b -- Rx Trend Development (Individual ACA)**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| <u>Rx Claim Information</u>               | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 10,617  | 937      | 103        | 11,657    |
| Experience Period Allowed Cost per Script | \$15.80 | \$318.63 | \$4,219.28 | \$77.42   |
| Experience Period Deductible Per Script   | \$2.81  | \$16.55  | \$70.17    | \$4.51    |
| Experience Period Copay Per Script        | \$2.31  | \$6.50   | \$7.88     | \$2.70    |
| Experience Period Coinsurance Per Script  | \$0.93  | \$20.37  | \$42.76    | \$2.86    |
| Experience Period Paid Cost Per Script    | \$9.75  | \$275.21 | \$4,088.47 | \$67.36   |
| Experience Period Allowed PMPM            | \$13.98 | \$24.88  | \$36.35    | \$75.21   |
| Experience Period Deductible PMPM         | \$2.48  | \$1.29   | \$0.60     | \$4.38    |
| Experience Period Copay PMPM              | \$2.04  | \$0.51   | \$0.07     | \$2.62    |
| Experience Period Coinsurance PMPM        | \$0.82  | \$1.59   | \$0.37     | \$2.78    |
| Experience Period Paid PMPM               | \$8.63  | \$21.49  | \$35.31    | \$65.43   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$14.15) |
| Annual Util Trend                         | 1,027   | 0,948    | 1,067      | 1,022     |
| Annual Unit Cost Trend                    | 1,057   | 1,101    | 1,035      | 1,058     |
| Annual Allowed Trend                      | 1,086   | 1,044    | 1,104      | 1,081     |
| Annual Deductible Trend                   | 1,017   | 1,017    | 1,017      | 1,017     |
| Annual Paid Trend                         | 1,111   | 1,051    | 1,105      | 1,088     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1,082     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 11,205  | 842      | 118        | 12,165    |
| Projected Allowed Cost per Script         | \$17.64 | \$386.41 | \$4,518.74 | \$86.73   |
| Projected Deductible Per Script           | \$2.90  | \$17.11  | \$72.53    | \$4.56    |
| Projected Copay Per Script                | \$2.31  | \$6.50   | \$7.88     | \$2.65    |
| Projected Coinsurance Per Script          | \$1.04  | \$24.70  | \$45.79    | \$3.11    |
| Projected Paid Cost Per Script            | \$11.40 | \$338.11 | \$4,392.54 | \$76.40   |
| Projected Allowed PMPM                    | \$16.48 | \$27.12  | \$44.32    | \$87.92   |
| Projected Deductible PMPM                 | \$2.71  | \$1.20   | \$0.71     | \$4.62    |
| Projected Copay PMPM                      | \$2.16  | \$0.46   | \$0.08     | \$2.69    |
| Projected Coinsurance PMPM                | \$0.97  | \$1.73   | \$0.45     | \$3.15    |
| Projected Paid PMPM                       | \$10.64 | \$23.73  | \$43.08    | \$77.46   |
| Projected Rx Rebates                      |         |          |            | (\$17.42) |
| Net Projected Paid PMPM                   |         |          |            | \$60.04   |

**Exhibit 2b -- Rx Trend Development (Small Grandfathered)**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| <u>Rx Claim Information</u>               | Generic | Brand    | Specialty  | Total     |
|---|---------|----------|------------|-----------|
| Experience Period Scripts / 1000          | 9,561   | 853      | 113        | 10,527    |
| Experience Period Allowed Cost per Script | \$17.14 | \$313.18 | \$5,224.37 | \$97.04   |
| Experience Period Deductible Per Script   | \$7.32  | \$51.83  | \$173.59   | \$12.71   |
| Experience Period Copay Per Script        | \$1.09  | \$4.47   | \$0.64     | \$1.36    |
| Experience Period Coinsurance Per Script  | \$0.34  | \$1.17   | \$0.00     | \$0.40    |
| Experience Period Paid Cost Per Script    | \$8.39  | \$255.71 | \$5,050.15 | \$82.57   |
| Experience Period Allowed PMPM            | \$13.65 | \$22.26  | \$49.21    | \$85.12   |
| Experience Period Deductible PMPM         | \$5.83  | \$3.68   | \$1.64     | \$11.15   |
| Experience Period Copay PMPM              | \$0.87  | \$0.32   | \$0.01     | \$1.19    |
| Experience Period Coinsurance PMPM        | \$0.27  | \$0.08   | \$0.00     | \$0.35    |
| Experience Period Paid PMPM               | \$6.68  | \$18.18  | \$47.57    | \$72.43   |
| Experience Period Rx Rebates PMPM         |         |          |            | (\$20.26) |
| Annual Util Trend                         | 1,027   | 0,948    | 1,067      | 1,022     |
| Annual Unit Cost Trend                    | 1,057   | 1,101    | 1,035      | 1,063     |
| Annual Allowed Trend                      | 1,086   | 1,044    | 1,104      | 1,086     |
| Annual Deductible Trend                   | 1,016   | 1,016    | 1,016      | 1,016     |
| Annual Paid Trend                         | 1,128   | 1,061    | 1,105      | 1,096     |
| Annual Paid Trend Net of Rebates          | n/a     | n/a      | n/a        | 1,135     |
| Months of Trend                           | 24      | 24       | 24         | 24        |
| Projected Scripts / 1000                  | 10,091  | 767      | 129        | 10,986    |
| Projected Allowed Cost per Script         | \$19.14 | \$379.80 | \$5,595.17 | \$109.62  |
| Projected Deductible Per Script           | \$7.55  | \$53.49  | \$179.17   | \$12.77   |
| Projected Copay Per Script                | \$1.09  | \$4.47   | \$0.64     | \$1.32    |
| Projected Coinsurance Per Script          | \$0.38  | \$1.42   | \$0.00     | \$0.45    |
| Projected Paid Cost Per Script            | \$10.12 | \$320.42 | \$5,415.37 | \$95.08   |
| Projected Allowed PMPM                    | \$16.09 | \$24.26  | \$60.00    | \$100.36  |
| Projected Deductible PMPM                 | \$6.35  | \$3.42   | \$1.92     | \$11.69   |
| Projected Copay PMPM                      | \$0.92  | \$0.29   | \$0.01     | \$1.21    |
| Projected Coinsurance PMPM                | \$0.32  | \$0.09   | \$0.00     | \$0.41    |
| Projected Paid PMPM                       | \$8.51  | \$20.47  | \$58.07    | \$87.05   |
| Projected Rx Rebates                      |         |          |            | (\$19.90) |
| Net Projected Paid PMPM                   |         |          |            | \$67.15   |

**Development of Index PMPM Claim Rate**

Experience Period Incurred DOS: 1/1/18 - 12/31/18

Completed Through: 3/31/19

|   | ACA<br>Compliant<br>Small Group | ACA<br>Compliant<br>Individual | Small Group<br>Grandfathered | Small Group +<br>Individual<br>Single Risk<br>Pool |
|---|---------------------------------|--------------------------------|------------------------------|--|
| 1 Member Months   | 172,758                         | 130,575                        | 14,969                       | 318,302  |
| 2 FFS Paid Medical Claims   | \$312.58                        | \$322.62                       | \$324.98                     | \$317.28   |
| 3 FFS Paid Pediatric Dental Claims  | \$0.84                          | \$0.84                         | \$0.00                       | \$0.80   |
| 4a Federal CSR Payments   | \$0.00                          | (\$38.95)                      | \$0.00                       | (\$15.98)  |
| 4b State CSR Payments   | \$0.00                          | (\$5.23)                       | \$0.00                       | (\$2.15)   |
| 5 IBNR Factor   | 1.024                           | 1.024                          | 1.024                        | 1.024  |
| 6 FFS Incurred Paid Medical Claims  | \$321.05                        | \$286.08                       | \$332.92                     | \$307.26   |
| 7 FFS Incurred Rx Claims  | \$63.24                         | \$65.43                        | \$72.43                      | \$64.57  |
| 8 Experience Period Rx Rebates  | (\$14.87)                       | (\$14.15)                      | (\$20.26)                    | (\$14.83)  |
| 9 FFS Incurred Rx Claims (Net of Rebates)   | \$48.37                         | \$51.28                        | \$52.17                      | \$49.74  |
| 10 FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point                       | (\$40.46)                       | (\$32.21)                      | (\$42.23)                    | (\$37.16)  |
| 11 Pooling Charge   | \$41.14                         | \$38.16                        | \$42.88                      | \$40.00  |
| 12 FFS Experience Period Claim Expense After Pooling Adjustment                       | \$370.11                        | \$343.31                       | \$385.75                     | \$359.85   |
| 13 Experience Period Capitation and Non-FFS Medical Costs                             | \$8.80                          | \$8.47                         | \$9.00                       | \$8.67   |
| <b>14 Adjusted Experience Period Claim Expense</b>                                    | <b>\$378.91</b>                 | <b>\$351.78</b>                | <b>\$394.74</b>              | <b>\$368.52</b>                                    |
| <b>Market-Wide Adjustments to Experience Period Claims</b>                            |                                 |                                |                              |  |
| 15 Adjustment for average policy during beginning of policy year                      | \$0.00                          | \$0.00                         | \$0.00                       | \$0.00   |
| 16 Adjustment for pharmacy benefit carve-in   | \$0.31                          | \$0.11                         | \$0.81                       | \$0.25   |
| 17 Adjustment for pediatric dental carve-in to Small Group Grandfathered              | \$0.00                          | \$0.00                         | \$0.84                       | \$0.04   |
| 18 Adjustment for Individual Mandate Repeal   | \$0.00                          | \$0.00                         | \$0.00                       | \$0.00   |
| 19 Adjustment for Association Health Plans  | \$3.74                          | \$3.48                         | \$3.90                       | \$3.64   |
| 20 Adjustment for Leap Year   | \$1.01                          | \$0.94                         | \$1.06                       | \$0.99   |
| 21 Adjustment for National High Cost Reinsurance Pool                                 | \$0.89                          | \$0.82                         | \$0.93                       | \$0.86   |
| <b>22 Experience Period Claim Expense After All Adjustments</b>                       | <b>\$384.87</b>                 | <b>\$357.12</b>                | <b>\$402.28</b>              | <b>\$374.30</b>                                    |
| 23 Annual FFS Medical projection factor   | 1.048                           | 1.048                          | 1.048                        | 1.048  |
| 24 Annual FFS Rx projection factor  | 1.104                           | 1.082                          | 1.135                        | 1.096  |
| 25 Annual FFS Claim trend projection factor   | 1.055                           | 1.053                          | 1.060                        | 1.055  |
| 26 Months of Trend  | 24                              | 24                             | 24                           | 24   |
| 27 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs | \$418.65                        | \$386.59                       | \$441.51                     | \$406.59   |
| 28 Projection Period VT Paid Claim Surcharge + NYS HCRA                               | \$5.23                          | \$4.83                         | \$5.51                       | \$5.08   |
| 29 Projection Period Capitation and Non-FFS Medical Costs                             | \$6.64                          | \$6.64                         | \$6.64                       | \$6.64   |
| <b>30 Paid Index Rate PMPM Prior to Adjustments for Federal Programs</b>              | <b>\$430.52</b>                 | <b>\$398.06</b>                | <b>\$453.66</b>              | <b>\$418.31</b>                                    |
| <b>Federal Reinsurance and Risk Adjustment Programs</b>                               |                                 |                                |                              |  |
| 31 Federal Risk Adjustment Program Impact   | \$62.90                         | \$58.15                        | \$66.28                      | \$61.11  |
| <b>32 Paid Index Rate PMPM After Adjustments for Federal Programs</b>                 | <b>\$493.42</b>                 | <b>\$456.21</b>                | <b>\$519.94</b>              | <b>\$479.42</b>                                    |

|   |
|---|
| <b>Exhibit 4 -- Conversion Factor and Tier Ratios</b> |
|---|

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
 For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

| Tier | Contract Type     | Subscribers | Members | Avg Contract |             |
|------|-------------------|-------------|---------|--------------|-------------|
|      |                   |             |         | Size         | Load Factor |
| 4    | Single            | 13,734      | 13,737  | 1.000        | 1.000       |
| 4    | Double            | 3,547       | 7,087   | 1.998        | 2.000       |
| 4    | Parent/Child(ren) | 681         | 1,682   | 2.470        | 1.930       |
| 4    | Family            | 2,194       | 8,381   | 3.820        | 2.810       |

|                          |                     |
|--------------------------|---------------------|
| Single Conversion Factor | <u><b>1.091</b></u> |
|--------------------------|---------------------|

**Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges**

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

**% of Premium Retention Components**

|  |              |
|--|--------------|
| Broker Load                                    | 0.00%        |
| Bad Debt                                       | 0.40%        |
| Contribution to Reserves                       | 1.50%        |
| <b>Total % of Premium Retention Components</b> | <b>1.90%</b> |

**PMPM Retention Components**

|                             |         |
|-----------------------------|---------|
| General Administrative Load | \$42.00 |
|-----------------------------|---------|

**% of Premium Taxes and Assessments**

|   |              |
|---|--------------|
| Premium Tax                                 | 0.00%        |
| VT Vaccine Pilot                            | 0.30%        |
| ACA Insurer Tax                             | 1.00%        |
| <b>Total % of Premium Taxes/Assessments</b> | <b>1.30%</b> |

**% of Paid Claim Taxes and Assessments**

|  |               |
|--|---------------|
| Vermont Paid Claim Surcharge                   | 0.999%        |
| New York State HCRA Surcharge                  | 0.250%        |
| <b>Total % of Paid Claim Taxes/Assessments</b> | <b>1.249%</b> |

**PMPM Taxes and Assessments**

|                                     |               |
|-------------------------------------|---------------|
| HHS Risk Adjustment User Fee        | \$0.17        |
| 18 VSA 9374(h) Billback             | \$1.93        |
| <b>Total PMPM Taxes/Assessments</b> | <b>\$2.10</b> |

|  |
|--|
| <b>Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans</b> |
|--|

MVP Health Plan, Inc. 2020 Vermont Exchange Rate Filing  
For Effective Dates Beginning Between January 1, 2020 - December 31, 2020

|  |
|--|
| <b>% of Premium Retention Components</b> |
|--|

|   |             |                         |
|---|-------------|-------------------------|
| 1) Projection Period Federal CSR Dollars      | \$5,946,226 |                         |
| 2) Projection Period Member Months, CSR Plans | 78,168      |                         |
| 3) Projection Period Federal CSR PMPM         | \$76.07     | = 1) / 2)               |
| 4) IBNR Factor                                | 1.024       |                         |
| 5) Federal CSR PMPM with IBNR                 | \$77.93     | = 3) * 4)               |
| 6) Annual Trend Factor                        | 1.016       |                         |
| 7) Months of Trend                            | 24          |                         |
| 8) Trended Federal CSR PMPM                   | \$80.39     | = 5) * 6) ^ [ 7) / 12 ] |

Exhibit 7 -- 2020 Exchange Premium Rates

|   |          |
|---|----------|
| 2020 Adjusted Paid Claim Cost (Exhibit 3, Line 32)          | \$479.42 |
| Benefit Relativity * Induced Demand Reflected in Index Rate | 0.7440   |
| Adjusted Claim Cost for Pricing                             | \$644.40 |

| Coplan                     | Product Type | Metal Level  | Standard/Non-Standard | On/Off Exchange | Federal and State Combined Subsidy | Benefit Actual Rate | Induced Utilization Factor | Net Claim Cost | Bad Debt / CTR (% of Premium) | Administrative Expense (PMPM) | % of Premium Taxes and Assessments | PMPM Taxes and Assessments | Benefits in Excess of EHB's** | CSR Loading | Gross Claim Cost PMPM | Single*** | Double     | Parent/Child(ren) |            | Increase over 2019 Single Rate | Increase over 2019 Double | Increase over 2019 P/C Rate | Increase over 2019 Family Rate |
|----------------------------|--------------|--------------|-----------------------|-----------------|------------------------------------|---------------------|----------------------------|----------------|-------------------------------|-------------------------------|------------------------------------|----------------------------|-------------------------------|-------------|-----------------------|-----------|------------|-------------------|------------|--------------------------------|---------------------------|-----------------------------|--------------------------------|
|                            |              |              |                       |                 |                                    |                     |                            |                |                               |                               |                                    |                            |                               |             |                       |           |            | Family            | Rate       |                                |                           |                             |                                |
| FRVT-HMO-P-001-S (2020)    | HyHMO        | Platinum     | Standard              | On Exchange     | Non-Subsidized                     | 0.881               | 1.138                      | \$645.96       | \$13.54                       | \$42.00                       | \$9.27                             | \$2.10                     | \$0.00                        | \$0.00      | \$712.88              | \$777.75  | \$1,565.50 | \$1,501.06        | \$2,185.48 | 8.5%                           | 8.5%                      | 8.5%                        | 8.5%                           |
| FRVT-HMO-G-001-S (2020)    | HyHMO        | Gold         | Standard              | On Exchange     | Non-Subsidized                     | 0.782               | 1.072                      | \$539.73       | \$11.46                       | \$42.00                       | \$7.84                             | \$2.10                     | \$0.00                        | \$0.00      | \$603.14              | \$658.03  | \$1,316.06 | \$1,270.00        | \$1,849.06 | 8.2%                           | 8.2%                      | 8.2%                        | 8.2%                           |
| FRVT-HMO-G-002-N (2020)    | HyHMO        | Gold         | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.876               | 1.133                      | \$639.40       | \$13.43                       | \$42.00                       | \$9.19                             | \$2.10                     | \$0.88                        | \$0.00      | \$707.01              | \$771.35  | \$1,542.70 | \$1,488.71        | \$2,167.49 | 23.7%                          | 23.7%                     | 23.7%                       | 23.7%                          |
| FRVT-HMOH-G-003-N (2020)   | HDHMO        | Gold         | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.769               | 1.066                      | \$528.49       | \$11.26                       | \$42.00                       | \$7.70                             | \$2.10                     | \$0.88                        | \$0.00      | \$592.43              | \$646.34  | \$1,292.68 | \$1,247.44        | \$1,816.22 | 10.7%                          | 10.7%                     | 10.7%                       | 10.7%                          |
| FRVT-HMO-S-003-S (2020)    | HyHMO        | Silver       | Standard              | On Exchange     | Non-Subsidized                     | 0.706               | 1.033                      | \$470.37       | \$11.68                       | \$42.00                       | \$7.99                             | \$2.10                     | \$0.00                        | \$80.39     | \$614.53              | \$670.45  | \$1,340.90 | \$1,293.97        | \$1,883.96 | 5.0%                           | 5.0%                      | 5.0%                        | 5.0%                           |
| FRVT-HMOH-S-004-S (2020)   | HDHMO        | Silver       | Standard              | On Exchange     | Non-Subsidized                     | 0.693               | 1.026                      | \$458.50       | \$11.44                       | \$42.00                       | \$7.83                             | \$2.10                     | \$0.88                        | \$0.00      | \$602.26              | \$657.07  | \$1,314.14 | \$1,268.15        | \$1,846.37 | 5.7%                           | 5.7%                      | 5.7%                        | 5.7%                           |
| FRVT-HMOH-S-002-N (2020)   | HDHMO        | Silver       | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.702               | 1.031                      | \$466.62       | \$11.62                       | \$42.00                       | \$7.95                             | \$2.10                     | \$0.88                        | \$80.39     | \$611.57              | \$667.22  | \$1,334.44 | \$1,287.73        | \$1,874.89 | 7.0%                           | 7.0%                      | 7.0%                        | 7.0%                           |
| FRVT-HMO-S-001-N (2020)    | HyHMO        | Silver       | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.673               | 1.021                      | \$442.88       | \$11.15                       | \$42.00                       | \$7.63                             | \$2.10                     | \$0.88                        | \$80.39     | \$587.04              | \$640.46  | \$1,280.92 | \$1,236.09        | \$1,799.69 | 7.1%                           | 7.1%                      | 7.1%                        | 7.1%                           |
| VT-HMO-S-003-S II (2020)   | HyHMO        | Silver       | Standard              | Off Exchange    | Non-Subsidized                     | 0.706               | 1.033                      | \$470.37       | \$10.10                       | \$42.00                       | \$6.91                             | \$2.10                     | \$0.00                        | \$0.00      | \$531.48              | \$579.84  | \$1,159.68 | \$1,119.09        | \$1,629.35 | 8.5%                           | 8.5%                      | 8.5%                        | 8.5%                           |
| VT-HMOH-S-004-S II (2020)  | HDHMO        | Silver       | Standard              | Off Exchange    | Non-Subsidized                     | 0.693               | 1.026                      | \$458.50       | \$9.87                        | \$42.00                       | \$6.75                             | \$2.10                     | \$0.00                        | \$0.00      | \$519.22              | \$566.47  | \$1,132.94 | \$1,093.29        | \$1,591.78 | 9.5%                           | 9.5%                      | 9.5%                        | 9.5%                           |
| VT-HMOH-S-002-N II (2020)  | HDHMO        | Silver       | Non-Standard          | Off Exchange    | Non-Subsidized                     | 0.702               | 1.028                      | \$464.75       | \$10.01                       | \$42.00                       | \$6.85                             | \$2.10                     | \$0.88                        | \$0.00      | \$526.58              | \$574.50  | \$1,149.00 | \$1,108.79        | \$1,614.35 | 10.6%                          | 10.6%                     | 10.6%                       | 10.6%                          |
| VT-HMO-S-001-N I (2020)    | HyHMO        | Silver       | Non-Standard          | Off Exchange    | Non-Subsidized                     | 0.673               | 1.021                      | \$442.88       | \$9.58                        | \$42.00                       | \$6.55                             | \$2.10                     | \$0.88                        | \$0.00      | \$503.99              | \$549.85  | \$1,099.70 | \$1,061.21        | \$1,545.08 | 11.5%                          | 11.5%                     | 11.5%                       | 11.5%                          |
| FRVT-HMO-B-002-S (2020)    | HyHMO        | Bronze       | Standard              | On Exchange     | Non-Subsidized                     | 0.582               | 1.000                      | \$375.04       | \$8.23                        | \$42.00                       | \$5.63                             | \$2.10                     | \$0.00                        | \$0.00      | \$433.00              | \$472.40  | \$944.80   | \$911.73          | \$1,327.44 | 10.9%                          | 10.9%                     | 10.9%                       | 10.9%                          |
| FRVT-HMOH-B-003-S (2020)   | HDHMO        | Bronze       | Standard              | On Exchange     | Non-Subsidized                     | 0.601               | 1.000                      | \$387.16       | \$8.46                        | \$42.00                       | \$5.79                             | \$2.10                     | \$0.00                        | \$0.00      | \$445.51              | \$486.05  | \$972.10   | \$938.08          | \$1,365.80 | 11.4%                          | 11.4%                     | 11.4%                       | 11.4%                          |
| FRVT-HMO-B-004-S (2020)    | HMO          | Bronze       | Standard              | On Exchange     | Non-Subsidized                     | 0.661               | 1.017                      | \$433.51       | \$9.37                        | \$42.00                       | \$6.41                             | \$2.10                     | \$0.00                        | \$0.00      | \$493.40              | \$538.30  | \$1,076.60 | \$1,038.92        | \$1,512.62 | 10.9%                          | 10.9%                     | 10.9%                       | 10.9%                          |
| FRVT-HMO-B-005-N (2020)    | HMO          | Bronze       | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.613               | 1.003                      | \$396.01       | \$8.66                        | \$42.00                       | \$5.92                             | \$2.10                     | \$0.88                        | \$0.00      | \$455.57              | \$497.03  | \$994.06   | \$959.27          | \$1,396.65 | 12.7%                          | 12.7%                     | 12.7%                       | 12.7%                          |
| FRVT-HMO-B-001-N (2020)    | HMO          | Bronze       | Non-Standard          | On Exchange     | Non-Subsidized                     | 0.580               | 1.000                      | \$373.95       | \$8.22                        | \$42.00                       | \$5.63                             | \$2.10                     | \$0.88                        | \$0.00      | \$432.78              | \$472.16  | \$944.32   | \$911.27          | \$1,326.77 | 10.3%                          | 10.3%                     | 10.3%                       | 10.3%                          |
| FRVT-HMO-C-001-N (2020)    | HMO          | Catastrophic | Standard              | On Exchange     | Non-Subsidized                     | 0.613               | 0.638                      | \$252.02       | \$5.81                        | \$42.00                       | \$3.98                             | \$2.10                     | \$0.00                        | \$0.00      | \$305.91              | \$333.75  | \$667.50   | \$644.14          | \$937.84   | 11.5%                          | 11.5%                     | 11.5%                       | 11.5%                          |
| FRVT-HMO-S3-001-S (2020)   | HyHMO        | Silver       | Standard              | On Exchange     | Subsidized (73%)                   | 0.706               | 1.033                      | \$470.37       | \$11.68                       | \$42.00                       | \$7.99                             | \$2.10                     | \$0.00                        | \$80.39     | \$614.53              | \$670.45  | \$1,340.90 | \$1,293.97        | \$1,883.96 | 5.0%                           | 5.0%                      | 5.0%                        | 5.0%                           |
| FRVT-HMO-S3-002-S (2020)   | HyHMO        | Silver       | Standard              | On Exchange     | Subsidized (87%)                   | 0.706               | 1.033                      | \$470.37       | \$11.68                       | \$42.00                       | \$7.99                             | \$2.10                     | \$0.00                        | \$80.39     | \$614.53              | \$670.45  | \$1,340.90 | \$1,293.97        | \$1,883.96 | 5.0%                           | 5.0%                      | 5.0%                        | 5.0%                           |
| FRVT-HMO-S3-003-S (2020)   | HyHMO        | Silver       | Standard              | On Exchange     | Subsidized (94%)                   | 0.706               | 1.033                      | \$470.37       | \$11.68                       | \$42.00                       | \$7.99                             | \$2.10                     | \$0.00                        | \$80.39     | \$614.53              | \$670.45  | \$1,340.90 | \$1,293.97        | \$1,883.96 | 5.0%                           | 5.0%                      | 5.0%                        | 5.0%                           |
| FRVT-HMO-S3-004-S (2020)   | HyHMO        | Silver       | Standard              | On Exchange     | Subsidized (77%)                   | 0.706               | 1.033                      | \$470.37       | \$11.68                       | \$42.00                       | \$7.99                             | \$2.10                     | \$0.00                        | \$80.39     | \$614.53              | \$670.45  | \$1,340.90 | \$1,293.97        | \$1,883.96 | 5.0%                           | 5.0%                      | 5.0%                        | 5.0%                           |
| FRVT-HMOH-S4-001-S (2020)  | HDHMO        | Silver       | Standard              | On Exchange     | Subsidized (73%)                   | 0.693               | 1.026                      | \$458.50       | \$11.44                       | \$42.00                       | \$7.83                             | \$2.10                     | \$0.00                        | \$80.39     | \$602.26              | \$657.07  | \$1,314.14 | \$1,268.15        | \$1,846.37 | 5.7%                           | 5.7%                      | 5.7%                        | 5.7%                           |
| FRVT-HMOH-S4-002-S (2020)  | HDHMO        | Silver       | Standard              | On Exchange     | Subsidized (87%)                   | 0.693               | 1.026                      | \$458.50       | \$11.44                       | \$42.00                       | \$7.83                             | \$2.10                     | \$0.00                        | \$80.39     | \$602.26              | \$657.07  | \$1,314.14 | \$1,268.15        | \$1,846.37 | 5.7%                           | 5.7%                      | 5.7%                        | 5.7%                           |
| FRVT-HMOH-S4-003-S (2020)  | HMO          | Silver       | Standard              | On Exchange     | Subsidized (94%)                   | 0.693               | 1.026                      | \$458.50       | \$11.44                       | \$42.00                       | \$7.83                             | \$2.10                     | \$0.00                        | \$80.39     | \$602.26              | \$657.07  | \$1,314.14 | \$1,268.15        | \$1,846.37 | 5.7%                           | 5.7%                      | 5.7%                        | 5.7%                           |
| FRVT-HMOH-S4-004-S (2020)  | HDHMO        | Silver       | Standard              | On Exchange     | Subsidized (77%)                   | 0.693               | 1.026                      | \$458.50       | \$11.44                       | \$42.00                       | \$7.83                             | \$2.10                     | \$0.00                        | \$80.39     | \$602.26              | \$657.07  | \$1,314.14 | \$1,268.15        | \$1,846.37 | 5.7%                           | 5.7%                      | 5.7%                        | 5.7%                           |
| FRVT-HMOH-S2-001-N (2020)  | HDHMO        | Silver       | Non-Standard          | On Exchange     | Subsidized (73%)                   | 0.702               | 1.031                      | \$466.62       | \$11.62                       | \$42.00                       | \$7.95                             | \$2.10                     | \$0.88                        | \$80.39     | \$611.57              | \$667.22  | \$1,334.44 | \$1,287.73        | \$1,874.89 | 7.0%                           | 7.0%                      | 7.0%                        | 7.0%                           |
| FRVT-HMOH-S2-002-N (2020)  | HMO          | Silver       | Non-Standard          | On Exchange     | Subsidized (87%)                   | 0.702               | 1.031                      | \$466.62       | \$11.62                       | \$42.00                       | \$7.95                             | \$2.10                     | \$0.88                        | \$80.39     | \$611.57              | \$667.22  | \$1,334.44 | \$1,287.73        | \$1,874.89 | 7.0%                           | 7.0%                      | 7.0%                        | 7.0%                           |
| FRVT-HMOH-S2-003-N (2020)  | HMO          | Silver       | Non-Standard          | On Exchange     | Subsidized (94%)                   | 0.702               | 1.031                      | \$466.62       | \$11.62                       | \$42.00                       | \$7.95                             | \$2.10                     | \$0.88                        | \$80.39     | \$611.57              | \$667.22  | \$1,334.44 | \$1,287.73        | \$1,874.89 | 7.0%                           | 7.0%                      | 7.0%                        | 7.0%                           |
| FRVT-HMOH-S2-004-N (2020)  | HMO          | Silver       | Non-Standard          | On Exchange     | Subsidized (77%)                   | 0.702               | 1.031                      | \$466.62       | \$11.62                       | \$42.00                       | \$7.95                             | \$2.10                     | \$0.88                        | \$80.39     | \$611.57              | \$667.22  | \$1,334.44 | \$1,287.73        | \$1,874.89 | 7.0%                           | 7.0%                      | 7.0%                        | 7.0%                           |
| FRVT-HMO-S1-001-N (2020)   | HyHMO        | Silver       | Non-Standard          | On Exchange     | Subsidized (73%)                   | 0.673               | 1.021                      | \$442.88       | \$11.15                       | \$42.00                       | \$7.63                             | \$2.10                     | \$0.88                        | \$80.39     | \$587.04              | \$640.46  | \$1,280.92 | \$1,236.09        | \$1,799.69 | 7.1%                           | 7.1%                      | 7.1%                        | 7.1%                           |
| FRVT-HMO-S1-002-N (2020)   | HyHMO        | Silver       | Non-Standard          | On Exchange     | Subsidized (87%)                   | 0.673               | 1.021                      | \$442.88       | \$11.15                       | \$42.00                       | \$7.63                             | \$2.10                     | \$0.88                        | \$80.39     | \$587.04              | \$640.46  | \$1,280.92 | \$1,236.09        | \$1,799.69 | 7.1%                           | 7.1%                      | 7.1%                        | 7.1%                           |
| FRVT-HMO-S1-003-N (2020)   | HyHMO        | Silver       | Non-Standard          | On Exchange     | Subsidized (94%)                   | 0.673               | 1.021                      | \$442.88       | \$11.15                       | \$42.00                       | \$7.63                             | \$2.10                     | \$0.88                        | \$80.39     | \$587.04              | \$640.46  | \$1,280.92 | \$1,236.09        | \$1,799.69 | 7.1%                           | 7.1%                      | 7.1%                        | 7.1%                           |
| FRVT-HMO-S1-004-N (2020)   | HyHMO        | Silver       | Non-Standard          | On Exchange     | Subsidized (77%)                   | 0.673               | 1.021                      | \$442.88       | \$11.15                       | \$42.00                       | \$7.63                             | \$2.10                     | \$0.88                        | \$80.39     | \$587.04              | \$640.46  | \$1,280.92 | \$1,236.09        | \$1,799.69 | 7.1%                           | 7.1%                      | 7.1%                        | 7.1%                           |
| FRVT-HMO-PA2-001-S (2020)  | HyHMO        | Platinum     | Standard              | On Exchange     | A/AN                               | 0.881               | 1.138                      | \$645.96       | \$13.54                       | \$42.00                       | \$9.27                             | \$2.10                     | \$0.00                        | \$0.00      | \$712.88              | \$777.75  | \$1,565.50 | \$1,501.06        | \$2,185.48 | 8.5%                           | 8.5%                      | 8.5%                        | 8.5%                           |
| FRVT-HMO-GA2-001-S (2020)  | HyHMO        | Gold         | Standard              | On Exchange     | A/AN                               | 0.782               | 1.072                      | \$539.73       | \$11.46                       | \$42.00                       | \$7.84                             | \$2.10                     | \$0.00                        | \$0.00      | \$603.14              | \$658.03  | \$1,316.06 | \$1,270.00        | \$1,849.06 | 8.2%                           | 8.2%                      | 8.2%                        | 8.2%                           |
| FRVT-HMO-GA2-002-N (2020)  | HyHMO        | Gold         | Non-Standard          | On Exchange     | A/AN                               | 0.876               | 1.133                      | \$639.40       | \$13.43                       | \$42.00                       | \$9.19                             | \$2.10                     | \$0.88                        | \$0.00      | \$707.01              | \$771.35  | \$1,542.70 | \$1,488.71        | \$2,167.49 | 23.7%                          | 23.7%                     | 23.7%                       | 23.7%                          |
| FRVT-HMOH-GA2-003-N (2020) | HDHMO        | Gold         | Non-Standard          | On Exchange     | A/AN                               | 0.769               | 1.066                      | \$528.49       | \$11.26                       | \$42.00                       | \$7.70                             | \$2.10                     | \$0.88                        | \$0.00      | \$592.43              | \$646.34  | \$1,292.68 | \$1,247.44        | \$1,816.22 | 10.7%                          | 10.7%                     | 10.7%                       | 10.7%                          |
| FRVT-HMO-SA2-003-S (2020)  | HyHMO        | Silver       | Standard              | On Exchange     | A/AN                               | 0.706               | 1.033                      | \$470.37       | \$11.68                       | \$42.00                       | \$7.99                             | \$2.10                     | \$0.00                        | \$80.39     | \$614.53              | \$670.45  | \$1,340.90 | \$1,293.97        | \$1,883.96 | 5.0%                           | 5.0%                      | 5.0%                        | 5.0%                           |
| FRVT-HMOH-SA2-004-S (2020) | HDHMO        | Silver       | Standard              | On Exchange     | A/AN                               | 0.693               | 1.026                      | \$458.50       | \$11.44                       | \$42.00                       | \$7.83                             | \$2.10                     | \$0.00                        | \$80.39     | \$602.26              | \$657.07  | \$1,314.14 | \$1,268.15        | \$1,846.37 | 5.7%                           | 5.7%                      | 5.7%                        | 5.7%                           |
| FRVT-HMOH-SA2-002-N (2020) | HDHMO        | Silver       | Non-Standard          | On Exchange     | A/AN                               | 0.702               | 1.031                      | \$466.62       | \$11.62                       | \$42.00                       | \$7.95                             | \$2.10                     | \$0.88                        | \$80.39     | \$611.57              | \$667.22  | \$1,334.44 | \$1,287.73        | \$1,874.89 | 7.0%                           | 7.0%                      | 7.0%                        | 7.0%                           |
| FRVT-HMO-SA2-001-N (2020)  | HyHMO        | Silver       | Non-Standard          | On Exchange     | A/AN                               | 0.673               | 1.021                      | \$442.88       | \$11.15                       | \$42.00                       | \$7.63                             | \$2.10                     | \$0.88                        | \$80.39     | \$587.04              | \$640.46  | \$1,280.92 | \$1,236.09        | \$1,799.69 | 7.1%                           | 7.1%                      | 7.1%                        | 7.1%                           |
| FRVT-HMO-BA2-002-S (2020)  | HyHMO        | Bronze       | Standard              | On Exchange     | A/AN                               | 0.582               | 1.000                      | \$375.04       | \$8.23                        | \$42.00                       | \$5.63                             | \$2.10                     | \$0.00                        | \$0.00      | \$433.00              | \$472.40  | \$944.80   | \$911.73          | \$1,327.44 | 10.9%                          | 10.9%                     | 10.9%                       | 10.9%                          |
| FRVT-HMOH-BA2-003-S (2020) | HDHMO        | Bronze       | Standard              | On Exchange     | A/AN                               | 0.601               |                            |                |                               |                               |                                    |                            |                               |             |                       |           |            |                   |            |                                |                           |                             |                                |





## Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2020 ACA Exchange Rate Filing

MVP Health Plan, Inc. is a non-profit health care payer operating in Vermont and New York. MVP's mission is to provide high quality and affordable health care with a focus on wellness to our members.

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2020 Exchange rates for effective dates of coverage between January 1, 2020 and December 31, 2020.

The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates, however, premium rates generally increase over time.

Changes in the filed premium rates (relative to previously approved rates) are driven by many factors, including:

***Increases in hospital and physician required charges for medical care.*** The cost of medical services is expected to rise by 4.2% from 2019 to 2020.

***Increases in the prices of prescription drugs.*** The cost per script of prescription drugs is expected to rise by 5.9% from 2019 to 2020.

***Increases in the number of prescription drug claims.*** The number of prescription drug scripts is expected to rise by 2.2% from 2019 to 2020.

***Expansion in services covered under the benefit.*** This includes a revamped wellness benefit for non-Standard plans to encourage healthy behaviors, as well as new prescription drugs covered before the deductible on Qualified High Deductible Health Plans.

***Fees and assessments charged by the government to insurers.*** A re-introduction of the Federal Insurer Tax for 2020 is increasing premium rates by 1.0%. Additionally, increases to fees levied by the State of Vermont are increasing rates by approximately 0.5%.

***Increases in the cost of doing business.*** As the cost of doing business rises over time, MVP must increase the amount of administrative expenses built into premium rates. This increase is worth approximately 0.4% of premium.

***Exit of healthier individuals from the risk pool as the cost of insurance increases.*** As healthier small groups have been able to band together to purchase insurance as Association Health Plans, the cost to cover the members remaining in the risk pool has increased.

The proposed rates reflect an average rate adjustment to prior rates (felt by Vermonters) of 10.2%, ranging from 8.2% to 23.7%. Increases for subscribers receiving Advanced Premium Tax Credits will vary based on income. There are 11,696 policyholders, 20,156 subscribers and 30,887 members impacted by this rate filing.

| Unified Rate Review v5.0   |  |                                   |  |              |  |             |  |              |  | To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.<br>To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.<br>To validate, select the Validate button or Ctrl + Shift + I.<br>To finalize, select the Finalize button or Ctrl + Shift + F. |  |                                 |  |                  |  |  |  |  |  |          |  |
|--|--|-----------------------------------|--|--------------|--|-------------|--|--------------|--|--|--|---------------------------------|--|------------------|--|--|--|--|--|----------|--|
| Company Legal Name: MVP Health Plan, Inc.  |  |                                   |  |              |  |             |  |              |  | State: VT  |  |                                 |  |                  |  |  |  |  |  |          |  |
| HIOS Issuer ID: 77566  |  |                                   |  |              |  |             |  |              |  | Market: Combined   |  |                                 |  |                  |  |  |  |  |  |          |  |
| Effective Date of Rate Change(s): 1/1/2020   |  |                                   |  |              |  |             |  |              |  |  |  |                                 |  |                  |  |  |  |  |  |          |  |
| <b>Market Level Calculations (Same for all Plans)</b>  |  |                                   |  |              |  |             |  |              |  |  |  |                                 |  |                  |  |  |  |  |  |          |  |
| <b>Section I: Experience Period Data</b>   |  |                                   |  |              |  |             |  |              |  |  |  |                                 |  |                  |  |  |  |  |  |          |  |
| Experience Period: 1/1/2018 to 12/31/2018  |  |                                   |  |              |  |             |  |              |  |  |  |                                 |  |                  |  |  |  |  |  |          |  |
| Total PMPM   |  |                                   |  |              |  |             |  |              |  |  |  |                                 |  |                  |  |  |  |  |  |          |  |
| Allowed Claims   |  |                                   |  |              |  |             |  |              |  | \$151,214,457.54   |  |                                 |  |                  |  |  |  |  |  | \$475.07 |  |
| Reinsurance  |  |                                   |  |              |  |             |  |              |  | \$0.00   |  |                                 |  |                  |  |  |  |  |  | \$0.00   |  |
| Incurred Claims in Experience Period   |  |                                   |  |              |  |             |  |              |  | \$122,308,001.64   |  |                                 |  |                  |  |  |  |  |  | \$384.25 |  |
| Risk Adjustment  |  |                                   |  |              |  |             |  |              |  | -\$16,331,242.63   |  |                                 |  |                  |  |  |  |  |  | -\$51.31 |  |
| Experience Period Premium  |  |                                   |  |              |  |             |  |              |  | \$149,200,645.80   |  |                                 |  |                  |  |  |  |  |  | \$468.74 |  |
| Experience Period Member Months  |  |                                   |  |              |  |             |  |              |  | 318,302  |  |                                 |  |                  |  |  |  |  |  |          |  |
| <b>Section II: Projections</b>   |  |                                   |  |              |  |             |  |              |  |  |  |                                 |  |                  |  |  |  |  |  |          |  |
| Benefit Category   |  | Experience Period Index Rate PMPM |  | Year 1 Trend |  |             |  | Year 2 Trend |  |  |  | Trended EHB Allowed Claims PMPM |  |                  |  |  |  |  |  |          |  |
|  |  |                                   |  | Cost         |  | Utilization |  | Cost         |  | Utilization  |  |                                 |  |                  |  |  |  |  |  |          |  |
| Inpatient Hospital   |  | \$72.27                           |  | 1.058        |  | 1.000       |  | 1.061        |  | 1.000  |  | \$81.13                         |  |                  |  |  |  |  |  |          |  |
| Outpatient Hospital  |  | \$197.03                          |  | 1.048        |  | 1.000       |  | 1.050        |  | 1.000  |  | \$216.81                        |  |                  |  |  |  |  |  |          |  |
| Professional   |  | \$127.08                          |  | 1.022        |  | 1.000       |  | 1.014        |  | 1.000  |  | \$131.69                        |  |                  |  |  |  |  |  |          |  |
| Other Medical  |  | \$7.92                            |  | 1.040        |  | 1.000       |  | 1.020        |  | 1.000  |  | \$8.40                          |  |                  |  |  |  |  |  |          |  |
| Capitation   |  | \$9.97                            |  | 1.147        |  | 1.000       |  | 1.147        |  | 1.000  |  | \$13.12                         |  |                  |  |  |  |  |  |          |  |
| Prescription Drug  |  | \$60.79                           |  | 1.059        |  | 1.022       |  | 1.059        |  | 1.022  |  | \$71.21                         |  |                  |  |  |  |  |  |          |  |
| Total  |  | \$475.06                          |  |              |  |             |  |              |  |  |  | \$522.36                        |  |                  |  |  |  |  |  |          |  |
| Morbidity Adjustment   |  |                                   |  |              |  |             |  |              |  | 1.009  |  |                                 |  |                  |  |  |  |  |  |          |  |
| Demographic Shift  |  |                                   |  |              |  |             |  |              |  | 1.000  |  |                                 |  |                  |  |  |  |  |  |          |  |
| Plan Design Changes  |  |                                   |  |              |  |             |  |              |  | 1.054  |  |                                 |  |                  |  |  |  |  |  |          |  |
| Other  |  |                                   |  |              |  |             |  |              |  | 1.013  |  |                                 |  |                  |  |  |  |  |  |          |  |
| Adjusted Trended EHB Allowed Claims PMPM for 1/1/2020  |  |                                   |  |              |  |             |  |              |  | \$562.74   |  |                                 |  |                  |  |  |  |  |  |          |  |
| Manual EHB Allowed Claims PMPM   |  |                                   |  |              |  |             |  |              |  | \$0.00   |  |                                 |  |                  |  |  |  |  |  |          |  |
| Applied Credibility %  |  |                                   |  |              |  |             |  |              |  | 100.00%  |  |                                 |  |                  |  |  |  |  |  |          |  |
| <b>Projected Period Totals</b>   |  |                                   |  |              |  |             |  |              |  |  |  |                                 |  |                  |  |  |  |  |  |          |  |
| Projected Index Rate for 1/1/2020  |  |                                   |  |              |  |             |  |              |  | \$562.74   |  |                                 |  | \$208,576,204.56 |  |  |  |  |  |          |  |
| Reinsurance  |  |                                   |  |              |  |             |  |              |  | \$0.00   |  |                                 |  | \$0.00           |  |  |  |  |  |          |  |
| Risk Adjustment Payment/Charge   |  |                                   |  |              |  |             |  |              |  | -\$82.14   |  |                                 |  | -\$30,444,698.16 |  |  |  |  |  |          |  |
| Exchange User Fees   |  |                                   |  |              |  |             |  |              |  | 0.00%  |  |                                 |  | \$0.00           |  |  |  |  |  |          |  |
| Market Adjusted Index Rate   |  |                                   |  |              |  |             |  |              |  | \$644.88   |  |                                 |  | \$239,020,902.72 |  |  |  |  |  |          |  |
| Projected Member Months  |  |                                   |  |              |  |             |  |              |  | 370,644  |  |                                 |  |                  |  |  |  |  |  |          |  |
| <p><b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.</p> |  |                                   |  |              |  |             |  |              |  |  |  |                                 |  |                  |  |  |  |  |  |          |  |





**Rating Area Data Collection**

*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas  
Select only the Rating Areas you are offering plans within and add a factor for each area.  
To validate, select the Validate button or Ctrl + Shift + I.  
To finalize, select the Finalize button or Ctrl + Shift + F.*

| Rating Area   | Rating Factor |
|---------------|---------------|
| Rating Area 1 | 1.0000        |

*button or Ctrl + Shift + R.*